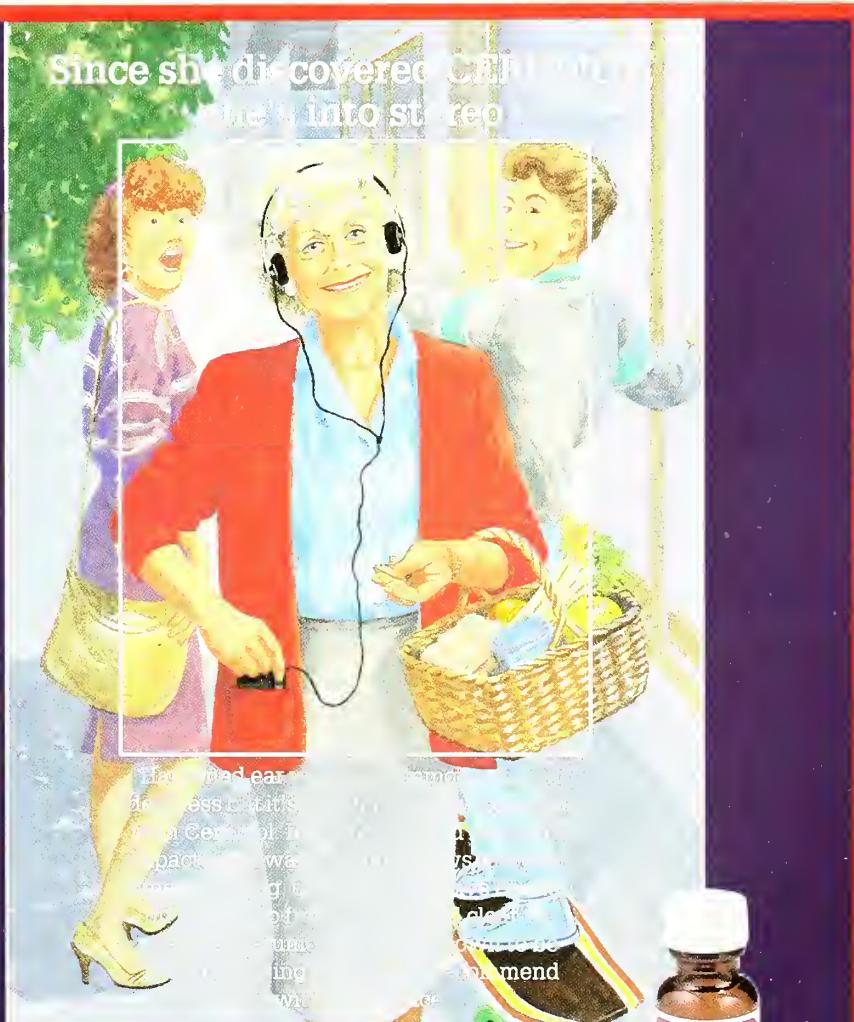


# CHEMIST & DRUGGIST

the newsweekly for pharmacy

June 23, 1990



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## Birthday honours: OBE for Rawlings

## Pharmacy in retail time warp, says Ball

## Setting up shop: the legal hurdles

## Diagnostic testing in N. Ireland

## Medeva buy Kerfoot in £13m generic takeover

## Gillette rebut monopoly claim



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THE LEADING NAME IN COMPRESSION HOSIERY

\*Independent Retail Audit, Autumn 1989.

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# COMMENT

The new advertising rules for community pharmacy, agreed recently at the annual meeting of the Royal Pharmaceutical Society (*C&D* May 26, p906), seem to be producing the desired effect, judging by the positive response by some of the larger multiples (June 9, p1009) and possibly the first advertisement by an independent (p1098). In freeing up the restrictions on advertising the Society's intention is to more nearly match the present climate for professional openness, while giving pharmacists who have taken the trouble to extend the range of services they offer to the public the chance to detail them to their clients. Both factors can only benefit pharmacy and patient.

While new rules in no way can be thought liberal, emphasising as they do the constraints that must be applied by any profession advertising its services — "all publicity must be ...legal, decent, truthful ...must not abuse trust ...or exploit lack of knowledge ...must be dignified, factual and restrained ...must not disparage the professional services of other pharmacies..." — nonetheless they give pharmacists ample scope for stressing the positive aspects of their professional services. Some companies will eschew the local Press in favour of GP practice leaflets, but the

effect in each case will be to underline the range of services available from the pharmacy, and to raise the level of expectation in the minds of those bearing prescriptions or requiring healthcare advice.

Pharmacists taking the trouble to set up and advertise new services must take the trouble to live up to expectations, or the public will make their own judgment by taking their custom elsewhere. And pharmacists who do not advertise, either because they have little to offer or find the practice distasteful, may find the public voting with their feet. The net effect should be to raise the level of consciousness both within and without the profession, of the range of potential pharmacy services.

Hopefully the result of such advertising activity will be to raise pharmacy standards to the highest common denominator. If this happens no-one should complain if some of the advertising, however proper and restrained, nevertheless jars with those of a more conservative mould. As Boots have recently proved, the time for professional modesty is passed, so pharmacists should seek to exercise to the full the new opportunities the advertising rules offer to blandish their wares.

# OBE for Rawlings in Birthday Honours

Three pharmacists have been included in the Queen's Birthday Honours list, including the Society's immediate past-president, Marion Rawlings.

Mrs Rawlings has been appointed an officer of the Order of the British Empire (OBE), as has George Bryan Kirkwood. John Anthony Baker has been made an MBE.

Mrs Rawlings told C&D that she was surprised and very pleased; she said that the growing number of pharmacists being honoured showed that pharmacy was becoming recognised as a profession with increased status. Mrs Rawlings, who was the Society's fourth female president, works in her pharmacy in Cardiff.

She has been a member of Council since 1983, and continues to serve on various committees. She is a member of the national executive of the National Association of Women Pharmacists and a former member of the Pharmaceutical Services Negotiating Committee.

Bryan Kirkwood, the Northern regional manager for National Co-operative Chemists Ltd, was honoured for services to pharmacy. He has been active on various committees within the NHS, co-operative pharmacy and



Marion Rawlings



Bryan Kirkwood

the Society since 1965. His current involvements include membership of the RPSGB Statutory Committee, the Pharmaceutical General Council (Scotland), and the Pharmaceutical Standing Committee (Scotland). He was

designated a Fellow in 1986.

John Baker is the district pharmaceutical officer of the Riverside East Health Authority, based at St Stephens Hospital. He is a Fellow of the Society, and a member of the College of Pharmacy Practice.

## Essex LPC go to appeal

Essex LPC is to appeal against the pharmacy practice sub-committee's decision to refuse all three applications for a new pharmacy in the village of Hatfield Peverel (last week p1050).

The applications had successfully passed through the Rural Dispensing Committee and the Secretary of State had turned down an appeal by local dispensing GPs. LPC secretary Miall James was seeing solicitors this week to get "as near as possible to a watertight letter of appeal".

The decision to refuse all three applications was swung by the votes of the two lay members of the committee. PSNC secretary Steve Axon said this week that he understood the decision had been taken on the basis of objections from dispensing doctors. At the PPSC stage only pharmacy contractors can lodge objections.

## 'Get your house in order,' says NPA head of PR

The most important public relations work for the profession should be undertaken by individual pharmacists, the National Pharmaceutical Association's Colette McCready said last week.

She was speaking on "The image of pharmacy" at the Scottish Department's annual meeting in Edinburgh. Mrs McCready said that although pharmaceutical organisations promote the profession, if a pharmacy was "a mess" that was the image of the profession someone would have. "No amount of persuasion will alter that image", she added.

"It's not what you sell, it's the way that you sell it," Mrs McCready insisted, referring to her experiences while working in Switzerland. Although she had sold the same merchandise as in the UK, and did not practise pharmacy any differently, as a community pharmacist she had been held in the highest esteem "alongside the local doctor and the parish priest".

Mrs McCready attributed this to the clean and tidy appearance of

the premises and the availability of highly trained staff in every Swiss pharmacy she visited. "There was no doubt in anyone's mind that the shop was a pharmacy and that a professional person could be found within," she continued.

In the UK, the profession is let down by a "tiny minority" who do not come up to scratch, Mrs McCready said. "It is therefore important that community pharmacists ensure that they are living up to the claims made about them by professional bodies," she added. The NPA supports the Society's efforts to raise standards, and believes the future well-being of community pharmacy depends on its public image, she said.

On a more positive note, Mrs McCready gave the results of some market research to monitor this year's NPA advertising campaign. Out of a random sample of 3,000 people, over 80 per cent thought that pharmacists were professional, friendly and helpful, and very well qualified. "This is a PR profile any group would be proud of," she said.

## Liverpool LPC writes to Society

At its meeting last Thursday, Liverpool Local Pharmaceutical Committee discussed the deterioration in professional conduct in the North West.

Following a resolution supported by a majority of the committee, a letter is being sent to the chairman of the Royal Pharmaceutical Society's Statutory Committee, the chairman of the Ethics Committee, and the secretary and registrar of the Society.

C&D has not been made privy to the contents of the letter, but Society secretary John Ferguson confirmed he had received it on Tuesday, and that it repeated much of what had already been said regarding Boots' activities in promoting their services to residential homes. It will be considered at the next meeting of the Ethics Committee.

Mr Ferguson also confirmed that the meeting sought by the Society's Council (last week, p1048) with Boots' pharmacy superintendent pharmacist Mr Colin Baldwin was likely to take place next week, in time for the outcome to be considered at July's Council meeting.

## Vitamins meet RDAs

Average vitamin intakes in Great Britain are likely to be adequate for most people's needs, concludes "The dietary and nutritional survey of British adults", published last week (HMSO, £40).

Average intakes of vitamins from both food sources and from all sources were well above the UK recommended daily amounts, according to a study of over 2,000 adults aged 16 to 64 living in private households between October 1986 and August 1987.

Intakes of all recorded vitamins were higher for those taking supplements even when the supplements were discounted, and average intakes of non supplement-takers were still above the RDAs; 17 per cent of women and 9 per cent of men took supplements.

Those in lower social classes, the unemployed and those in households receiving benefits tended to have lower intakes but even for these groups the average levels met the UK RDAs.

# DoH warns of counterfeit Zantac

The Department of Health has written to all wholesalers licensed to import Zantac from Greece warning them of the possibility that there might be counterfeit product on the market.

In February last year the DoH drew attention to the fact that counterfeit Zantac had been imported into the UK. However, a spokesman stressed that this latest letter was purely precautionary, and no product has been identified on the UK market. Even so, the matter was given prominent publicity on ITN's "News at Ten" last week.

The batch numbers of the suspect Zantac are A045C8, and there is a possibility that a second batch, A149J8, may also be involved. The DoH is asking to be informed if anyone has handled these batches since February.

Glaxo Pharmaceuticals understand that Greek police made several arrests on June 7 and seized some 6,000 packs of Zantac in Greek livery, which they believed were counterfeit and intended for export. Glaxo have no information as to the alleged counterfeiter's customers, or whether any more counterfeit products are circulating in the EEC.

The products can readily be identified by their Greek packaging. The authentic UK pack has an anti-counterfeit device in the form of a hologram seal.

## Small homes loophole

Health Minister Virginia Bottomley said last week she supported moves to regulate residential homes with less than four residents and intends that legislation to cover them should be introduced as soon as possible.

Mrs Bottomley said there was a need to make sure the loophole exempting these homes was closed. "It should be possible to safeguard the welfare of residents without imposing on small homes the full rigours of the Registered Homes Act 1984 and without placing undue burdens on local authorities," the Minister said. She was speaking after an attempt to bring in a private members Bill on the registration of small homes was defeated in the House of Commons.

## Chance to pay poll tax in pharmacies

A trial scheme in Nottingham is looking at the feasibility of allowing council tenants to pay their rent and poll tax at a number of local shops, including pharmacies.

The facility, developed by American company Western Union, is to be tested for six months in the Lenton and Clifton areas of the city with a possible extension to include St Anne's and

the Meadows.

The traditional door-to-door collection of rent has been stopped due to a number of serious attacks on collectors. Keith Warhurst, of Nottingham City Council's treasury department, said the Council had studied several alternatives but this scheme represented the best available on the market at present.

Shops participating in the scheme will be fitted with a computer terminal, but will be unable to find out if a particular tenant is in arrears or not. Tenants quote a reference number when paying and will also receive a quarterly statement.

Some 12 shops are currently taking part in the scheme, the majority of them newsagents.



"Legal? I don't know. Popular? We're way ahead of the competition"

## Pharmacies must exploit benefits

Community pharmacy is almost in a retailing time warp, according to John Ball, marketing director, Warner-Lambert Healthcare, and unless advantages are capitalised on and the benefits of a vibrant healthcare market realised then a golden opportunity will be lost.

Mr Ball, who was due to speak at a Mintel conference on Wednesday as C&D went to press, believes that the founding of the health service and the subsequent reliance on NHS income has brought inertia to pharmacy retailing, with mass toiletry markets drifting away to food multiples and drug stores.

However, despite many adverse influences on healthcare retailing including promotion and

display restrictions, governmental and professional influences and even EEC Directives, pharmacies have a number of advantages over other outlets which must be encouraged, he said. These are:

- A large and unique range of P medicines.
- A qualified source of drug information.
- Instant free guidance to the public, who are a captive audience when visiting with scripts.
- Resale price maintenance, so no price cutting.
- Location and number of pharmacies mandated.

The keys to making the most of these advantages were appearance, standard of service and merchandise selection.

Although many mass retailers had capitalised on good store design over the last decade, the standards in some pharmacies still needed improving. The pharmacist must present himself as a professional, ultra modern technologist, said Mr Ball, yet also learn how to merchandise products effectively. This alliance of academia and retailing was still not resolved in pharmacy degree courses, he said, and needed urgent review.

Standards of service should be a major ace for pharmacy, advised Mr Ball. Many pharmacists still spent too much time in the dispensary.

Investing in staff training is imperative, he believes. Assistants have a major impact on the customers' perception of an outlet and "poor advice and sloppy service could prove fatal to the business".

Mr Ball also urged the use of consulting areas in pharmacies. Such an area would not be "dead space" but "selling-space selling the service", he added.

Merchandise selection should reflect the current shift towards healthier living, a greater awareness of medical conditions and treatments, and an increased desire for information.

## Script charges 8pc of costs

The revenue raised from prescription charges meets 8 per cent of the total cost of NHS pharmaceutical services, Mr Stephen Dorrell, a junior Health Minister, told the Commons last week. He said £2bn was spent on pharmaceutical services, and prescription charges raised roughly £177m.

Mr Dorrell stressed that while

prescription charges raised a significant sum they could not be said "by any stretch of the imagination" to finance the majority, or even a substantial minority of the cost of pharmaceutical services. He also stressed that the £3.05 fee for each item was relatively modest, and 75 per cent of prescriptions were dispensed free.

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*A Kent freesheet Focus (June 12 & 13) carried this advertisement, the first C&D has sighted since the Society adopted its new advertising rules (C&D, May 26, p906). It was placed by the proprietor of Godkings Chemist Mr M. Rahman, who tells C&D that he consulted the Society to ensure it complied with the rules. Response to the advertisement has so far consisted of requests for emergency services, one as far away as 20 miles. Mr Rahman will continue to advertise intermittently, every two to three weeks, although the next one will appear in about six weeks. He hopes his logo will soon become recognised locally*

## FPC apologises for way pharmacist was treated

A Family Practitioner Committee has apologised, through the Health Service Commissioner, for the way it treated a pharmacist's application to relocate.

The "Report of the Health Service Commissioner" November 1989-March 1990 (HC 457, HMSO £13.90) explains that a pharmacist was granted a contract by the FPC to provide pharmaceutical services at an authorised address within six months. After three months the pharmacist applied formally to transfer to better premises nearby.

He complained to the Commissioner that the FPC did not reply and then, nearly two months later, told him a competitor had already been granted a contract at the second address. Because the FPC had also not answered his request to be allowed extra time, if necessary, to open a pharmacy at the first address his name had been removed from the pharmaceutical list.

The Commissioner upheld the complaint about the FPC's lack of

communication following the application to relocate and criticised certain aspects of the FPC's handling of the pharmacist's complaints. The Commissioner also criticised the FPC for treating the pharmacist as though his name had been removed from the list, but did not uphold the complaint that the pharmacist's inability to open a pharmacy had resulted from maladministration by the FPC.

In addition, it was decided the FPC could not be criticised for delay in informing the pharmacist of the competitor's interest in the second address. Legislative changes came into effect after the contract had been granted for the first address, giving rise to circumstances which the FPC had not previously encountered and which could not have been anticipated without a good deal of forethought, the Commissioner said.

The FPC has agreed to ensure that the appropriate procedures for removing a name from the pharmaceutical list will be followed in future.

## FHSAs to monitor NHS reforms

Family health services authorities, given greater responsibilities under the Government's NHS reforms, are to monitor GP-fundholders to ensure quality of patient care.

Addressing the AGM of the Society of Family Practitioner Committees in Scarborough on Wednesday, president Renee Myers said: "The groundwork on GP referrals and the letting of contracts is being prepared. Independent medical advisers are now being appointed and are already being used very successfully to help family doctors. The new GP contract is up and running".

Mrs Myers commended the people to merge the Society of FPCs with the National Association of Health Authorities. She said: "Collaboration and partnership are the key elements of our future role and the future operation of our health service".

## NHS reforms offer bumpy ride

The NHS could be in for a bumpy ride next year unless reforms introduced in the NHS White Paper are controlled, according to Dr Chris Ham, fellow in health policy and management, King's Fund College.

Addressing the 1000-strong joint conference of the National Association of Health Authorities and the Society of FPCs, he said that most health authorities are struggling to maintain existing services, let alone introduce the most significant changes to the NHS since its inception.

There had been a number of shifts in thinking about the White Paper at the centre, he said, the most important of which was the emphasis on "no surprises" and "smooth take-off". But he questioned the feasibility of a "smooth take-off".

"Regional health authorities may be able to control how districts use their budgets but what about GP fund-holders? Can we really expect to lock GPs into established practice patterns when one of the main selling points of fund-holding is the freedom it gives GPs to decide what services to offer?"

## BRIEFS

The number of premises on the Royal Pharmaceutical Society's Register showed a small fall in May, down 15 to 11,635. But with deletions for late payment of fees applied in May, it is likely that most of the fall will be recovered this month. England (excluding London) lost six, with 16 additions and 22 deletions. In Scotland there were four deletions, while Wales saw no change. London had six deletions and one addition.

**Roche** are asking pharmacists to pass on the names of any prescribers with patients likely to be distressed due to the withdrawal of Dromoran ampoules and tablets. The company is notifying prescribers to offer interim supplies for patients on repeat doses who may take longer to transfer to other analgesics. Dromoran is being withdrawn because of low demand and technical difficulties in producing small batches. (Medical information department. Telephone 0707 328128).

**Retrovir** should be approved for wider use, a European Commission committee has recommended to Member States. The Committee for Proprietary Medicinal Products says that zidovudine is indicated in early symptomatic HIV patients and in asymptomatic patients with markers indicating risk of progressive disease. The US Food and Drug Administration approved its use in these groups earlier this year. Wellcome say there should be no delay in making Retrovir more widely available when the authorities allow.

**Subject to Parliamentary approval** of the NHS and Community Care Bill, the new style district health authorities shall comprise a chairman appointed by the Secretary of State, five non-officer members appointed by the relevant regional health authority, and up to five officer members who must include the chief officer and the chief finance officer. "Teaching DHAs" must include a non-officer from a university with a medical or dental school.

**A new edition** of the booklet "The safe storage and handling of animal medicines" is now available from the National Office of Animal Health Ltd, 3 Crossfield Chambers, Gladbeck Way, Enfield, Middlesex EN2 7HF (£2 plus postage). The booklet has been updated to include recent legislation.

**Up to the end of May**, there were 3,346 cases of AIDS in the UK, of whom 1,845 have died. Comparable figures at the end of April were 3,247 and 1,845, says the Department of Health.

**Supplies of BCG vaccine** for routine school vaccinations were restored in May. Stocks are now adequate.

## Funding for NI trainees

Trainee pharmacy technicians in Northern Ireland, studying on day release for either BTEC 1st certificate or National Certificate, are eligible for a weekly allowance and an exemption from fees.

Under a recent training initiative sponsored by the Department of Economic Development, 16-18 year olds who register for training with a Recognised Training Organisation (RTO), such as Belfast College of Technology, can obtain £29.50 per week for their first year and £35.00 per week in their second year. They would attend the college for one day and one evening a week. The pharmacist employer is also exempt from paying fees, examination expenses and assessment costs.

Dr Terry Maguire, chairman of the Pharmaceutical Society of Northern Ireland's Education Committee, believes the scheme offers considerable financial benefits for pharmacists wishing to train their assistants. Although the course was originally designed for hospital technicians, he feels the addition of a 90 hour option in community pharmacy broadens its appeal. The next step is to ensure all community pharmacists in Northern Ireland are aware of the course and the financial benefits available to them.

Following an initial meeting between representatives of the college and the PSNI, the training scheme will now be discussed at the next PSNI Council meeting. Pharmacists can obtain further information from John Rea or Mr M. Moran at the Belfast College of Technology on 0232 327244.

## Medical audit groups soon

Medical audit groups are to be set up in all Family Practitioner Committees by April 1991, the Department of Health said in a circular published this week.

The circular sets out the organisational framework within which audits will take place. Each FPC will agree locally the size and membership of its medical audit advisory group (MAAG). Normally there should be no more than 12 members who are medically qualified and the MAAG will be able to co-opt members from other disciplines on a regular basis or when their particular expertise is required. The circular suggests that patients' views should also be taken into account.

# TOPICAL REFLECTIONS

by Xrayser

## Discounting blame?

The total demise of Countercall is indeed a sad event (*C&D* June 16, p1047) and it is the independent pharmacist who, yet again, will be the loser. Part of the blame is attributed to problems with cash flow, exacerbated by their customers stretching payment times beyond the 28-day net term of supply, but I cannot imagine that many pharmacists can have a guilty conscience.

It was not many years ago that 90-days credit from suppliers was an accepted mode of trading, and when transferred down the chain of supply harmed no one. An increasingly vulnerable, high inflation economy then caused a tightening of the credit spiral with disastrous results for the financially weak. The final straw was the wholesaler war which triggered the massive NHS discount clawback of today. To achieve these discounts, pharmacists had to change their wholesaler credit time from 56 to 28 days. They had no real choice, but the resulting pressure on cash flow inevitably caused pressure elsewhere in the credit system.

If blame is to be apportioned, then a Government which has never recognised that prompt payment discounts should not be a factor in the NHS discount scale, and the protagonists of the original wholesale war, should bear much of the criticism.

## Age factor in practice

Last year's furore over increases in the retention fee for the over 70s has produced a reasonable and welcome response from the Royal Pharmaceutical Society but I find disturbing the *de facto* recognition that pharmacists may practise for as long as they feel able. The responsibilities of practice become no less



onerous with advancing years, and in today's increasingly technological profession, all of us must reach the age when we should no longer practise.

Unanimity will never be achieved in recognising the point for retirement, so it must be the responsibility of Council to enforce change. To require a competence-to-practise assessment would be both divisive and humiliating, so age must be the only criteria, with 70 appearing to be reasonable. An age-enforced retirement should be agreed now by Council and approved by the Privy Council.

## 'New' advertising ploy

The advertising industry uses semantic licence in its use of the English language and one of the most abused words must be "new". New is defined in the Oxford English dictionary as "not existing before", which in marketing terms for a medicinal product may be true, but is questionable when that product is merely a me-too rehash of an existing drug.

Further confusion occurs when the "new" product is advertised for a particular indication without disclosing the active ingredients, and it is then left to the pharmacist to intervene where necessary. Intervention is viewed by many as interference, and the understandable reticence to "interfere" in a demand-led sale produces many instances of unnecessary medication — commercially beneficial, but professionally frustrating.

The pharmaceutical industry is presently concerned about proper information appearing on both packaging and leaflet inserts (*C&D* June 16, p1049). I applaud its concern but would like it extended to advertising, with a new code of conduct banning the use of misleading words like "new" and insisting on full active ingredient disclosure.

# COUNTERPOINTS

## Showerfresh gets £1.75m!

Radox Showerfresh is to benefit from the biggest ever advertising spend at any one time in the shower market with a £1.75m campaign, say Nicholas.

From July 2 the 30-second "Animals" commercial, first featured last Summer, will run for four weeks on London, Central, Grampian, HTV, TVS, Anglia and TSW regions. It will also appear on satellite television — Sky and BSB — for the first time.

And "Animals" will support two films in London cinemas — another first, say Nicholas. Odeon cinemas will feature the commercial from July 6 to August 31, and Cannon cinemas from July 13 to September 7. *Nicholas Laboratories Ltd Toiletries Division. Tel: 0753 23971.*

## Harmony promotion for friends

Elida Gibbs have produced an in-pack leaflet to be included in their range of Harmony conditioning hair colorants, giving details of several consumer offers.

The in-pack "friends" leaflet gives the consumer and a friend the opportunity to obtain a free colorant of their choice and on applying, both names will be automatically entered into a draw to win a Philips personal radio. There will be a pair of winners every month until June 1992.

Consumers are also given the chance to obtain a brightly coloured "bum bag", a hooded cotton T-shirt and a travel hairdryer at a reduced price, in return for two bar codes from the colorant packs.

If the customer collects five bar codes then the items are reduced even further. The company describes the promotion as a "loyalty building exercise". *Elida Gibbs Ltd. Tel: 071-486 1200.*



## Fragrance launch is a first for Bronnley

Bronnley are looking to the "young at heart" with the Dream Collection, their first ever "fantasy" fragrance designed for women.

The fragrance (50ml £5.95), moves away from the traditional Bronnley classic floral and natural fragrances with clear notes of jasmin and cedar wood giving a light, fresh and "strictly modern" fragrance, says the company. It comes in a glass bottle packaged in a midnight blue box with a moon logo.

The Dream Collection is complemented with a range of matching toiletries which include: a box of three hand soaps (£4.95); bath essence (50ml £5.50); moisturising shampoo shower gel

(250ml £3.50) and a moisturising creme for the face (50ml £3.95).

The company has also come up with sample phials of the eau de toilette mounted inside matched folded book cards for point of sale.

Bronnley are also extending their range of natural products with a new wooden country fruits of the earth collection — a range of natural wood room fragrances in the shape of apples, pears and pine cones. Each fruit comes either packaged singly in a small cane basket or in a set of three in a hand crafted wooden crate on a bed of pot pourri.

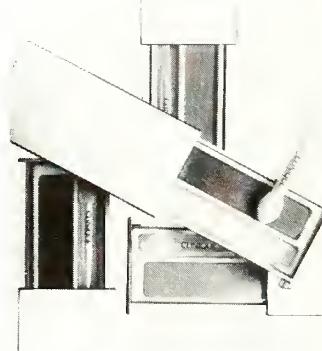
The fruits retail at £5.95 singly and £15.95 for a crate of three. *H Bronnley & Co Ltd. tel: 0280 707291.*

## Clinique dust the eyes with gold

Gold dusting for eyes is the latest range of soft-pressed eye shadows from Clinique.

Available from August, the collection comprises four shades: gold dust, a shade which can be used under or over other eye colours; sun ripe which can be used as an alternative to pink to accentuate the brow bone; earthling, a warm, chestnut brown shade; and yellow moon, a soft, matte yellow which can be used to create special effects for day and night.

The shades retail at £7.50 and are all allergy tested and fragrance free. *Clinique Laboratories Ltd. Tel: 071-499 9305.*



## Tattoos from Sixth Sense

Smithkline Beecham Personal Care are running an on-pack promotion on their Sixth Sense body spray range. Each spray comes with a corresponding set of tattoos which have been impregnated with its particular fragrance.

The tattoos can be applied with water and are said to last for five days. The fragrance can be released from them by scratching the surface with a fingernail, says the company. *Smithkline Beecham Personal Care. Tel: 081-560 5151.*

## Cussons add to shower gel range with Cool Aqua

Cussons have added a new variant to their Imperial Leather shower gel range.

Cool Aqua (£1.29) is described as Cussons' contender in the "blue" sector which they claim represents a 30 per cent value share of the overall shower gel market.

It has a fresh, mild fragrance and sports the ivory and gold Imperial Leather livery.

Cool Aqua will be supported with a £5m television campaign beginning next month, along with the rest of the Imperial Leather range. *Cussons UK Ltd. Tel: 061 792 6111.*

# Silvikrin active on T.V. £3 million campaign

National from July 1st



"Silvikrin's always made sense to me"  
says Twiggy in the new Silvikrin T.V. Ad.

The No.1 brand in haircare\* supported  
by £3 million on TV and added value packs  
across the range means that Silvikrin obviously  
makes sense to us all.

## Silvikrin. Active Care for hair.

\*Source: AGB

# NEW WYETH Gel filled TEMAZEPAM CAPSULES



## THE SAME BUT DIFFERENT

Gel-filled to reduce the risk of intravenous drug abuse

Bio-equivalent to the liquid-filled temazepam capsules which they replace

In 10mg and 20mg strengths gel-filled capsules are marked 'W10' and 'W20' to distinguish them from liquid-filled capsules. Packs are clearly labelled 'gel-filled capsules'

## DISPENSE WYETH TEMAZEPAM

Now available as abuse resistant tablets or gel-filled capsules

### TEMAZEPAM GEL-FILLED CAPSULES

#### Prescribing Information

**Presentation:** Temazepam 10mg and 20mg in gel-filled opaque, yellow soft-gelatin capsules. **Indications:** Short-term treatment of insomnia (up to four weeks).

**Dosage:** Adults: 10-30mg, half an hour before retiring. In all cases the lowest effective dose should be used and treatment should be intermittent if possible. The dose may be increased to 40 or 60mg in patients who do not respond to the lower dose because of severe or persistent insomnia. Treatment should be withdrawn gradually.

Elderly: Elderly patients, those suffering from cerebral vascular changes such as arteriosclerosis are likely to respond to smaller doses, possibly half the normal adult dose. Children: Not recommended.

**Contra-indications:** Sensitivity to benzodiazepines; acute pulmonary insufficiency. Not to be used during pregnancy and lactation unless clinically justifiable.

**Precautions:** Concomitant administration with alcohol or CNS depressants may accentuate effects. Prolonged or excessive use may lead to dependence and withdrawal symptoms on cessation of therapy. Patients should be cautioned against driving or operating machinery until it is established that they do not become drowsy or dizzy. Rarely amnesia, paradoxical aggressive reactions, depression and suicidal tendencies have been reported. Psychological adjustment to loss or bereavement may be inhibited.

**Side-effects:** Drowsiness or dizziness on waking is rare. Morning headaches, transient rhinitis and gastro-intestinal disturbances have occasionally been reported.

**Legal Category:** POM. CD [SCH 4].

**Packs and basic NHS cost:** 10mg x 500 - £12.00. 20mg x 250 - £10.52

**Product License Numbers:** Umg PL001/0106. 20mg - PL001/0107

Further information is available on request. Wyeth Laboratories, Taplow,

Mordenhead, Berks SL6 0PH

\*trademark

**WYETH\***  
**GENERICs**

## COUNTERPOINTS



## New-look nappies

Unichem have relaunched their own-label range of all-in-one and ultra nappies in bright new packaging. The toddler cartoon character which previously appeared only on the ultra packs will now be featured on all packs.

The new packaging also

includes a declaration that Unichem nappies are all chlorine bleach-free. All packs are now designed in colour coding, by size: green for child size, red for toddlers, blue for infants and orange for newborn. *Unichem. Tel: 081-391 2323.*

## Soft and Pure is now neater, say Robinson

A "new generation" of Soft and Pure cotton wool pleats has been launched by Robinson Healthcare. Packs are now neater and tighter which makes them easier to stock on shelf, says the company.

As an added improvement, the 50g pleats have also been perforated for ease of use.

Robinson have also come up with a new pack of 100 balls to add

to their extra soft cotton wool range.

In addition, the company is running a 10 per cent extra free offer on Soft and Pure, including cotton wool rolls (100g and 350g); colours (50s and 100s); and white (50s, 80s and 100s); cotton wool balls and cosmetic pads (50s and 100s). *Robinson Healthcare. Tel: 0246 220022.*

## Peaudouce issue warning

A substantial increase in sales of their disposable nappies has led Peaudouce to warn of possible stock shortages on some sizes until the end of August. The position has been made worse by a small fire which has hampered production at the factory in Holland.

To minimise disruption to customers, Peaudouce will concentrate production on the range 1, smaller sized packs, and

are temporarily suspending production of the larger size range 2 packs. To ensure that all customers receive fair treatment, Peaudouce will operate an allocation system on some sizes if necessary.

Peaudouce say they regret any inconvenience which customers may suffer and are taking all steps to minimise the problem. *Peaudouce (UK) Ltd. Tel: 0952 680044.*

## New packs for Herb & Spice

The London Herb & Spice Company have introduced new pack designs for their range of 25 herbal teas.

The packs are now heavily branded with the company's name and logo and the words "secret

garden teas" have been removed.

The name of each variety has also been moved lower down the pack and the words "caffeine free" appear more boldly in capital letters. *The London Herb & Spice Co Ltd. Tel: 081-680 8337.*

## AAH launch scissors for babies

AAH Pharmaceuticals have introduced a new design of baby scissors into their Vantage own label range.

The scissors (£1.19) come with a choice of blue or pink handles and have been specifically designed for nailcare for babies and young children. They come in trade outer boxes of six. *AAH Pharmaceuticals Ltd. Tel: 0928 717070.*

## Farley Bear goes on pack

The latest on-pack promotion from Farleys is a Farley bear, offered to consumers at a special price when they purchase Meal Timers.

From August through to November packs of Meal Timers will feature the bear promotion, allowing consumers to purchase Farley bear for £9.99 plus five proofs of purchase — a saving of £7 on the recommended retail price. The bear conforms to all British and European safety standards, say *Crookes Healthcare Ltd. Tel: 0602 507431.*

## Babin look to UK toddlers

Babin, who claim to be a well-established baby products company in Europe, are turning their attention to the UK with a view to making the most of the single market from 1992.

Babin (UK) Ltd's products include soothers, rattles, bottles, teether, hairbrushes, toothbrushes and sponges, available for display on a counter stand, a rotating stand or other custom-made stands. The products are made in Spain and meet British Standard specifications.

An initial pilot operation in Herts, Beds and Bucks proved successful, and 300 accounts opened in six weeks.

The company is seeking to recruit, through an agency network, suitable candidates to carry the range to their existing pharmacy customers. Meanwhile, pharmacists may buy the products direct from Babin (UK) Ltd. Tel: 0908 675062.

**Lyclear Creme Rinse Prescribing Information**  
**Presentation** Each 59ml bottle of Lyclear contains 1% w/w permethrin plus 20% w/w isopropanol in a creme rinse base. **Uses** for the treatment of head louse (*Pediculus humanus capitis*) infections. **Dosage and Administration** Adults and children over 2 years. Shampoo hair as normal, rinse and towel dry. Shake the bottle thoroughly and apply enough Lyclear to saturate the hair and scalp. Leave on the hair for 10 minutes, then rinse thoroughly with water and dry in the usual way. **Contra-indications, warnings, etc.** *Contra indications*: hypersensitivity to permethrin, other synthetic pyrethrins, pyrethrins or chrysanthemum. **Precautions:** For external use only. Wear gloves for multiple applications. Only use in children under 2 years under medical supervision. Use in pregnancy only if potential benefit outweighs the possibility of unknown risks. **Sides and adverse effects:** Adverse reactions are infrequent, mild and transitory, and are usually also symptoms of head louse infection. **Basic NHS Cost:** £1.68. **Legal Category:** P. **Further information available on request** The Wellcome Foundation Ltd., Crewe, Cheshire CW1 1UB. Lyclear is a Trade mark.



# LYCLEAR®

Permethrin

## A single 10-minute treatment for head lice.



\*99% overall cure rate after one week.

Eradicating head lice hasn't always been easy or pleasant. But now Wellcome presents a new pediculicide. It's called Lyclear.

Based on the tried-and-tested permethrin compound, new Lyclear is highly effective as a single application creme rinse, and used as easily as a normal hair conditioner.

In fact, just one ten minute Lyclear treatment is sufficient to kill lice and eggs, with the comparative effectiveness of either a 2 or 12 hour malathion application. What's more, Lyclear's strong residual capacity can protect against reinfection for as long as 6 weeks after use.

Although highly effective, Lyclear has a

pleasant smell, is unlikely to cause eye irritation, has low potential for toxicity or allergic reactions, and being biodegradable is environment and user friendly.

With its recognised cosmetic advantages together with its proven clinical potency, Lyclear is an ideal head lice treatment for every member of the family.

Lyclear is a head lice treatment you can confidently recommend to be quick, effective, and pleasant to use.



**NEW**  
**LYCLEAR**  
*C r e m e R i n s e*

Kills head lice in just one 10-minute application.

## Merrell campaign

Merrell Dow have launched a Summer merchandising campaign for Merocets and Merothol lozenges.

The aim of the promotion is to build on their 30 per cent market share and to draw consumer attention to the product's benefits, says the company.

"Striking, high-impact" promotional material includes A4 showcards, shelf strips, window stickers and "neck" pens. This will be backed with a consumer advertising campaign in women's weekly magazines running until September. *Merrell Dow Pharmaceuticals Ltd. Tel: 081-848 3456.*

## Heath & Heather gets a boost

Booker Nutritional Products are supporting their herbal remedies range, Heath and Heather, with a national Press campaign starting this month.

The £100,000 campaign will run for eight weeks in *The Guardian* and features four executions, promoting garlic perles, Quiet Night, celery seed and Water Relief remedies. *Booker Nutritional Products. Tel: 0932 336366.*

**Wellco Electronics** have taken on the distribution of the personal care products in the Morphy Richards portfolio. The company already handles a range of Morphy Richards products, including radios and clock radios. *Wellco Electronics Ltd, Hitchin Road, Arlesey, Bedford, SG15 6SU.*

### For all scaly scalp conditions

- ✓ A lightly fragranced formula with the strength of coal tar.
- ✓ Does not stain the skin, clothes or bath.
- ✓ Leaves the hair shiny and easy to manage.

**ALPHOSYL SHAMPOO**

The effective scalp treatment in a cosmetic shampoo.

## Free POS material gives Pharmaton a boost



Free point of sale material featuring television celebrity Liza Goddard is being offered to pharmacists as part of a special Pharmaton promotion running until the end of July.

Liza's face is featured on window stickers, open/closed signs, shelf strips and shelf wobblers.

As well as the free material a 15 per cent discount is also being offered on Pharmaton capsules and the recently launched Kiddi Pharmaton. A display stand which can hold both the 30 and 100 capsule bottles is also being given away. *Unichem. Tel: 081-391 2323.*

## Sessu joins Evian in Summer promotion

Sessu, the chemical free hair remover, comes with a free 50ml travel size Evian spray for the Summer (£6.95).

The spray comes banded with the 200g tube size Sessu and the company claims that a quick spray with Evian will help to soothe any

traumatised hair follicles after hair removal.

The promotion will be supported with colour advertisements in the July edition of *Elle* magazine. *Distributors JICA Beauty Products Ltd. Tel: 081 979 7261.*

## Summer madness comes with Larkhall promotion

Larkhall Natural Health have announced their third Summer trade promotion to be held from this month and throughout July and August.

Running on a points system, the "work, rest and play" promotion offers free gifts with orders of Larkhall products.

Points will be awarded for each £1 spent during the promotion and can be exchanged for a choice of prizes. The company is starting customers off with 50 free points when the first order is placed during the promotion. *Larkhall Natural Health. Tel: 081-874 1130.*



## Home Health starter packs assembled by AAH

AAH have assembled a starter pack for pharmacists wishing to stock their Home Health range for the first time. The range of over 30 products, which includes tap turners, key turners, needle threaders and folding walking sticks, has retail prices ranging from £0.35 to £7.77.

Nigel Green, marketing manager of the AAH Healthcare Centre, believes some pharmacists find the array of products available slightly

## Brewhurst get mouthy with herbs!

A range of herbal oral care products has been launched by Brewhurst Health Food Supplies under the Healthrite label. It consists of tooth gel, antiseptic mouthwash tablets and breath freshener tablets.

The tooth gel, which comes in a 100ml pump dispenser (£1.99), is an antiseptic formulation said to help prevent bacterial build-up, reduce plaque, and control tartar. It is supplied in cases of 12.

Healthrite mouthwash tablets contain menthol, eucalyptus, and other herbal ingredients designed to help in the prevention of oral infection and control bacterial build-up when used in conjunction with regular brushing, say Brewhurst.

The tablets are said to be suitable for all the family; one is dissolved in a glass of tepid water and used to rinse the mouth for at least 30 seconds.

Breath freshener tablets are made from an antiseptic formula which includes menthol and eucalyptus, said to provide long lasting breath freshness. They are sugar-free to help prevent tooth decay.

Both the mouthwash and breath freshener tablets come in packs of 30 tablets (rrp £1.15), and in outer of 24.

The Healthrite oral care range gives retailers a 40 per cent margin, say Brewhurst. Orders for all three products can be supplied in a display outer with a header card saying "Healthrite oral care centre".

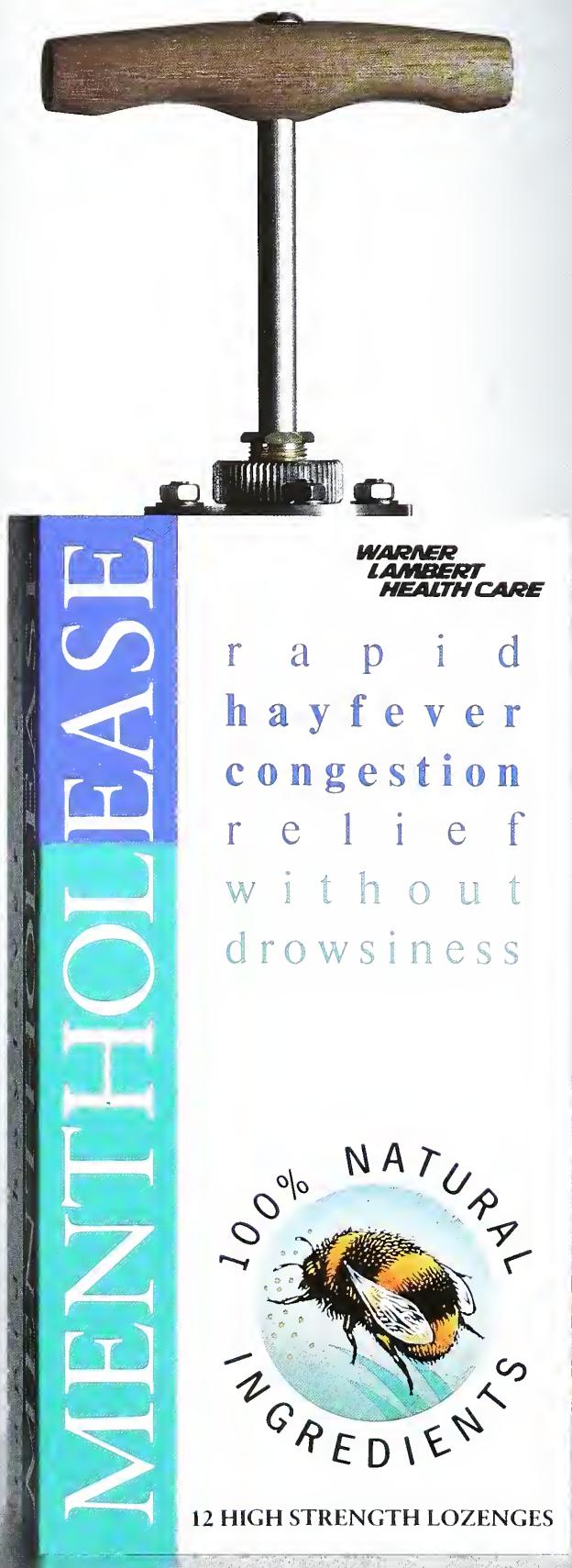
The outer (£20.63 trade) contains six tooth gel dispensers as well as 12 packs each of the other two products. *Brewhurst Health Food Supplies Ltd. tel: 0392 354211.*

Mentholease is a powerful menthol based lozenge that's been clinically proven to clear hayfever congestion and rhinitis quickly and directly.

As it's selling so well already this summer we've introduced a new service. Simply dial 100, ask for the "Freephone Warner Lambert Healthcare Hotline" and we'll deliver as much new stock as you need, at a good price, within 24 hours.

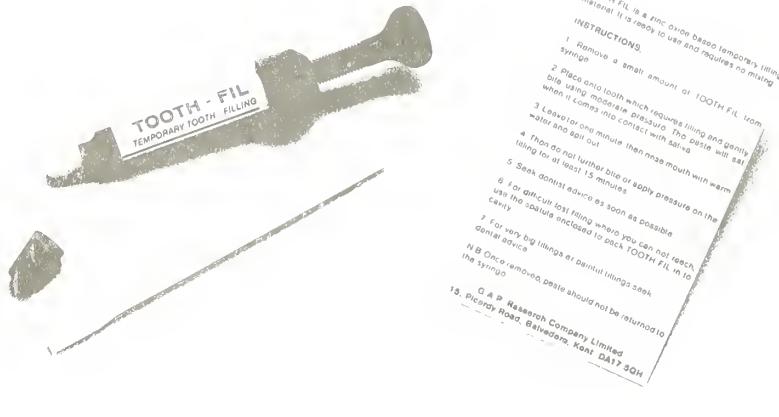
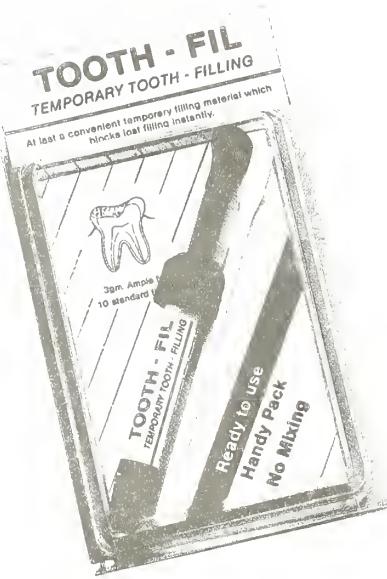
With Mentholease lozenges even shelves won't be blocked up for long.





**It also clears shelves.**

# GOOD-BYE GUTTA PERCHA



## WELCOME TOOTH-FIL — Blocks lost fillings instantly

Tooth-fil is now fast becoming the brand product for urgent tooth-filling cases. Clearly it is the better and logical alternative to the age-old Gutta Percha — a product which is even losing favour with the dentist these days. So say goodbye to the veteran Gutta Percha and make room for the fast moving Tooth-fil.

Tooth-fil moves because its neat and up-to-date packing allows for smart shelf displays and thus creating easy and efficient customer awareness. Naturally Tooth-fil is the type of product which the customer has always been looking for and once they are aware of its source, they will not forget it lightly — a distinct advantage over the forgotten Gutta Percha.

So if you do not already stock Tooth-fil, order today and offer your customers a better choice tomorrow. Tooth-fil should be available from most good wholesalers. If in difficulty please fill in the slip below and post back to **G.A.P. Research**.

**TECHNICAL** Tooth-fil is a zinc oxide based dental tooth-filling material which sets hard on contact with saliva. It is used to block the tooth cavity which is left after the loss of metal or glass filling. Once set the material provides ample temporary cover for the user to make a dental appointment and in the meantime not to be inconvenienced with the hole. The dentist is quite familiar with this type of material and during the appointment will simply scrape out Tooth-fil and then plug the cavity with a permanent restoration.

**R.R.P. ONLY £2.89 — OVER 33% MARK-UP**

### Dis'PLAQUE

THE FRESH TASTING  
REVOLUTION IN  
DE-PLAQUING

A simple 30 second rinse with **Dis'PLAQUE** disrupts and dislodges plaque, making your normal toothbrush and tooth-paste more efficient in removing plaque.

**Dis'PLAQUE**—  
and brush more plaque  
away.

If difficulty in obtaining  
**Dis'PLAQUE**  
contact 0322 846976



### ON DIS'PLAQUE

Ring within 14 days for  
special offers of 100%  
mark up  
Telephone: 0322 846976

# REFIT

## TEMPORARY TOOTH RE-CAPPING CEMENT

EASY TO USE ...SAVES THE EMBARRASSMENT ... INSTALLS CONFIDENCE



# FROM THE HEART OF THE HEBRIDES A NEW CONCEPT IN NATURAL SKIN CARE 'THE CALLANISH COLLECTION'

Carefully formulated lotions and creams from natural sources based on Evening Primrose Oil and Vitamin E. Essential nutrients help retain the skin's natural moisture and prevent premature ageing.

The Callanish Collection, delicately perfumed with the scent of Hebridean Orchid, nourishes and revitalises your skin to maintain moisture, balance and elasticity — vital factors in regulating skin tone.

The Callanish Collection formulated on the Isle of Lewis, a low pollution, natural environment.

No animal has suffered in testing or preparation of our products.



Callanish Ltd Breasclete Isle of Lewis Scotland PA86 9ED Tel: 085 172 366 Fax: 085 172 368

## COUNTERPOINTS

# Harmony gets a boost

In a link-up with local radio stations, Elida Gibbs are promoting their Harmony range of conditioning hair colorants with a series of "party night" events.

The "bright lights, party nights" promotion will run from July until October in the West Midlands, Scotland, Yorkshire, Merseyside and Wiltshire. In each of these areas, the company will run dance competitions which will be publicised through the local radio stations. The promotion is aimed at school leavers and young adults and the company hopes it will boost sales figures in this sector. *Elida Gibbs Ltd. Tel: 071-486 1200.*

**Scholl Consumer Products** are backing Autan with a Press advertising campaign for Summer. With a spend of £300,000 the campaign breaks this month and runs until August.

Advertisements will appear in the national Press and specialist titles including *Angling Times*. *Scholl Consumer Products. Tel: 0582 482929.*

**Heinz** have re-introduced their "feed baby free" promotion which ran last year. The promotion will run for the next six months. Consumers can claim back the cost of five baby food purchases in exchange for labels. They will also receive a privilege savings book, which contains five £1.50 claim forms. *H.J. Heinz Co Ltd. Tel: 081-573 7757.*

**Castlereagh Pharmaceuticals** have taken on the distribution of all Thompson Medical Co brands in Northern Ireland. *Castlereagh Pharmaceuticals, 155 Glenville Road, Whiteabbey, Newtonabbey, Co Antrim BT37 ODP. Tel: 0232 853041.*

## Congestez's Summer POS

Colour window bills, consumer leaflets and a guide for pharmacy assistants form part of the package to promote Congestez during the hayfever and Summer colds season.

The Congestez bear features on the leaflet "A guide to children's blocked-up runny nose and catarrh", which gives hints on helping children with hayfever to sleep, keeping children in bed, coping with high temperatures and other problems.

The bear also features in a consumer PR campaign. POS and stock is available from representative and wholesalers. *Schering-Plough Consumer Health. Tel: 0638 716321.*

**Sabona** are offering a free gold plated bracelet (retail value £23) with every pack of 24 copper bracelets ordered. The offer is open until August 4. *Sabona of London Ltd. Tel: 071-603 0656.*

The £3.5m **Clorets** television advertising campaign, featuring the comedy duo Hale and Pace, will have saturation coverage on ITV and Channel 4 from July, say Hall Brothers.

The promotion also includes consumer sampling, a direct mail retailer promotion with 40,000 packs of 2p samples of mint and gum, and Press activity. Free stands are available from Hall Brothers. *Tel: 061-766 5471.*

## ON TV NEXT WEEK

GTV Grampian	U Ulster	SK Sky
B Border	G Granada	STV Scotland (central)
C Central	A Anglia	Y Yorkshire
CTV Channel Islands	TSW South West	HTV Wales & West
LWT London Weekend	TTV Thames Television	TVS South
C4 Channel 4	TV-am Breakfast	TT Tyne Tees
	Television	
<b>Aller-eze:</b>	TTV, TV-am & BSB	
<b>Anadin Extra:</b>	All areas except TSW & LWT	
<b>Bisodol Regular:</b>	GTv, U, G, HTV, TVS, TTV, C4 & Sky	
<b>Contac 400</b>	TV-am	
<b>Dettol liquid:</b>	All areas inc Sky except CTV, LWT & C4	
<b>Dimension:</b>	All areas except TV-am	
<b>Gillette Sensor:</b>	All areas	
<b>Just for Men:</b>	Y	
<b>Listerine:</b>	GTv	
<b>Mum deodorant:</b>	All areas	
<b>Philishave Tracer:</b>	ITV, C4	

# Brush Off™

povidone - iodine

## COLD SORE TREATMENT

Supported by

### NEW

- Advertising and press campaign
- Display unit

### Consumer education leaflets

HELP HER HELP HERSELF  
TO FAST EFFECTIVE  
COLD SORE TREATMENT

**Keep**  
**Brush Off**  
**on display**



Napp Consumer Products Division,  
Napp Laboratories Limited,  
The Science Park, Milton Road,  
Cambridge CB4 4GW

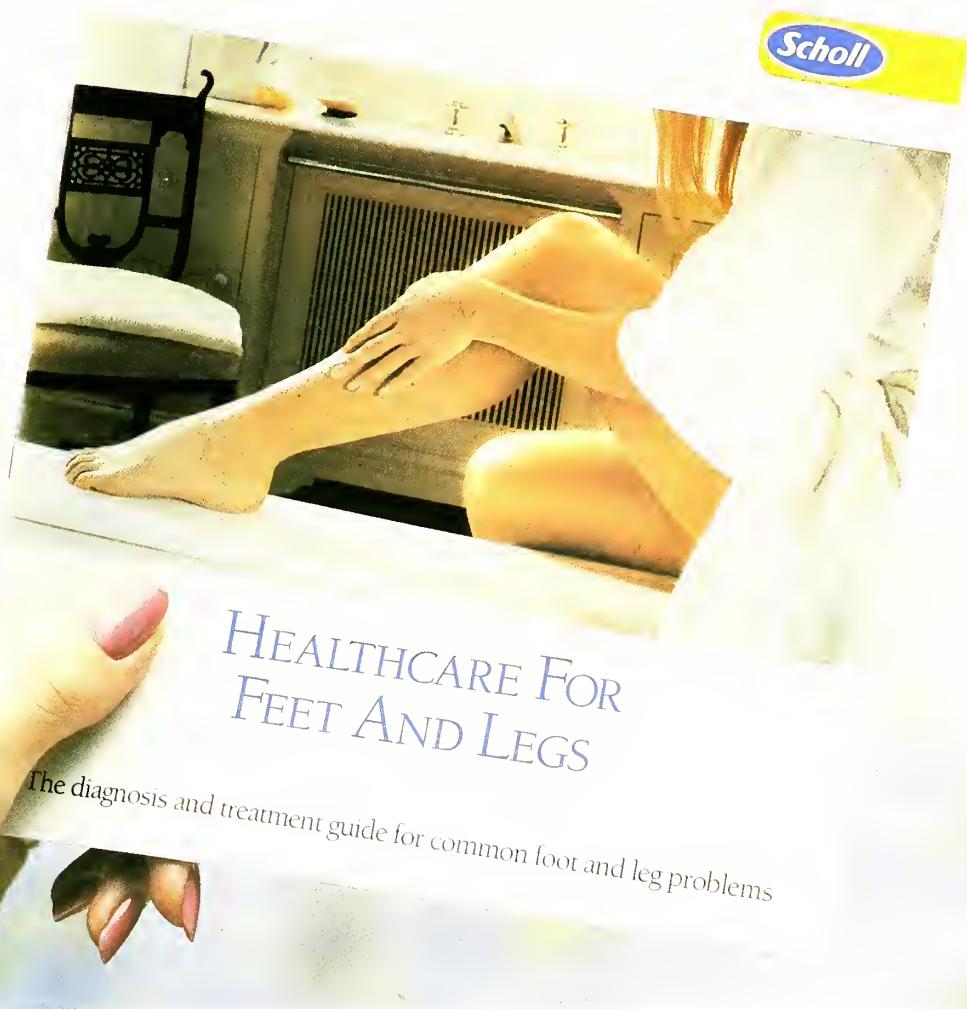
Member of Napp® Pharmaceutical Group.

TM BRUSH OFF is a Trade Mark. ®NAPP is a Registered Trade Mark.  
©Napp Laboratories Limited 1990.





Scholl



## HEALTHCARE FOR FEET AND LEGS

The diagnosis and treatment guide for common foot and leg problems

# IT HOLDS THE ANSWERS TO 14 MILLION CUSTOMERS' PROBLEMS.

And more besides. In addition to the estimated 14 million\* people each year who actively seek treatment for foot and leg trouble, there are probably millions more customers who could benefit from your advice.

This new booklet helps you and your assistants to



do just that. Simple to use as a reference, it's divided into sections – each dealing with a problem you're likely to meet, the advice to give your customer, and suitable treatments to recommend from the Scholl range.

To obtain your free copy,

simply complete and return the coupon today.

\*Calculated from independent survey results Data on File, Scholl Consumer Products



FOR YOUR FREE COPY  
of "Healthcare for Feet and Legs" send  
to Scholl Consumer Products Ltd.  
Ref. MDMO, Hazleton Industrial Park,  
Lakesmere Road, Horndean,  
Hants PO8 9BR

Name \_\_\_\_\_ PLEASE PRINT \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

## Venture into skincare

Venture Healthcare are launching Clinisan skin cleansing foam aerosol to community pharmacists; the product is already available in hospitals.

The skincare product is said to be gentle and effective, particularly for incontinent patients. It contains a skin conditioner with emollient and moisturising properties, a water repellent, a bactericide and a deodorant.

Skin cleansing foam (100ml £1.48, 500ml £4.75) is the first in a range of Clinisan skincare products. Venture plan to launch an oil bath and a dusting powder within the next three months. For more details and free samples of the foam, contact *Venture Healthcare Ltd.* Tel: 0629 582198.

A Rite-Diet variety pack has been introduced by Nutricia. Each pack (250g £3.49) contains a selection of eight gluten-free biscuits including bourbon, custard cream, chocolate chip cookie, Lincoln and digestive. Nutricia say it is ideal as a gift for those wishing to sample a selection of gluten-free biscuits. *Nutricia Dietary Products Ltd.* Tel: 081-951 5155.

## Clinimed launch Limone and improve Elite

A lemon/lime-scented ostomy deodorant spray has been introduced by Clinimed. They say that Limone eliminates odours rather than masking them. It comes in a pocket-sized canister, free from CFCs, and delivers over 900 measured doses, says the company. Limone (£3.40 trade) is available on prescription.

Clinimed's Biotrol Elite closed and drainable stoma bags are now also available in a flesh-tinted colour. Two opaque plastic wallets of 15 bags, said to be handy and discreet for storage, will be

gradually introduced into each box of 30 skin-tone bags.

All Elite bags also feature a "small but useful" change to the backing paper on the hydrocolloid skin protector used to affix them to the abdomen. It has been extended to overlap the edges of the skin protector, which makes it quick and easy to remove, say Clinimed.

Further information on the Elite bags is available from the Clinimed advisory service freephone 0800 585125. *Clinimed Ltd.* Tel: 0628 850100.

## BRIEFS

**May & Baker** have introduced a new size of Avomine. The OPD carton contains 30 tablets (£0.994 trade), as three blister strips of ten, and replaces the 250 size, stocks of which are exhausted. *Distributors Fisons plc Consumer Health.* Tel: 0509 611001.

**Roussel** will be introducing an OPD pack of Actinac lotion when stocks of existing packs are exhausted. The pack will contain two bottles of 6.25g powder and 20ml solvent, to provide 2 x 25ml lotion when mixed (£9.54 trade). *Roussel Laboratories Ltd.* Tel: 0895 834343.

**Cusi (UK) Ltd** are taking over the marketing and distribution of Kalspare tablets (28 £1.93 trade) from Monday. *Cusi (UK) Ltd.* Tel: 0428 61078.

**Cox** have introduced two new products: gel-filled temazepam capsules in Securitainers, 10mg marked W10 (1,000 £24.12) and 20mg marked W20 (500 £21.04); and nifedipine 5mg capsules in blister packs (100 £7.99, all prices trade). Introductory prices are available from representatives or freephone 0800 373573. *Cox Pharmaceuticals Ltd.* Tel: 0271 75001.

## New look for Coloplast is 'unobtrusive'

Coloplast are introducing new packaging for their range of ostomy products. The new packs have been designed to be both attractive and discreet, says the company.

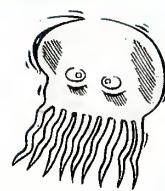
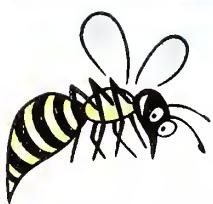
The packaging incorporates symbols which identify the contents to the user but not to the

lay person; making it more discreet and less obtrusive on the pharmacy shelf or at home.

The inner boxes have been designed to fit into a pocket or handbag; this makes them more convenient. The labelling has also been improved. *Coloplast Ltd.* Tel: 0733 239695.

## It's not just the antihistamine that makes Wasp-eze the one to counter-prescribe

- It's the only dual action spray-on anaesthetic and antihistamine for bites and stings.
- Wasp-eze is effective on a wide range of bites and stings, from insects to nettles and jellyfish.
- No-touch application.



## A popular error?

I read with interest the article on photography by Glyn Wells of Kodak Ltd in *C&D*, June 9. His explanation of film speeds and how to select a suitable film, however, repeats a popular error. Using a film of ISO 400 will only "stop action" if the photographer is using a camera with a choice of shutter speeds. For a simple 35mm or 110 with single shutter speeds it will do no such thing. It will merely over expose the blur.

It is not easy to use a whole film of ISO 400 film in a simple camera if the owner is an occasional photographer, because some pictures will surely be taken in too high light levels. If someone has a sophisticated camera I prefer to recommend ISO 100 film for general use because of the finer grain, and usually better colour.

J.B. Thomas  
Grantham

## CPP move

I am writing in connection with the story in the June 2 issue of *C&D* about the College's move to the University of Warwick Science Park. I would like to set the record right, as the College was not forced to leave Bell House but chose to do so after taking a number of factors into account, one of which was the increased rent.

Alan Crabbe  
Chairman, CPP

The point of these questions is that it is conceivable that if the funds that had been, or will be paid in the proposed flotation had been distributed to the members prior to the announcement of the scheme, the capital available might exceed the hypothetical profits on flotation.

Peter Herman  
London W1.  
*More letters on p1110*



Mr and Mrs Badiani (right) from Gravesend, Kent, were the lucky winners of a Peugeot 205 Convertible in the Peaudouce draw at the Unichem Trade Show, Thorpe Park. They received their prize from Peter Kent, general manager, Unichem (left), and George Rowe, national account manager, Peaudouce

## Questions to be answered

Unfortunately I was unable to attend the Unichem general meeting in May. However, there are a few questions that may be of concern to other members:

1. A report in the *Evening Standard* seems to indicate that the flotation price of the company will be at a discount in respect of the net asset value. Although I appreciate the constraints of the Financial Services Act, could the directors at least confirm that the company will not be sold for less than its net asset value?
2. Would the directors please disclose the value of their share options and any allotment of shares or contract that they are to receive upon flotation or prior to flotation?
3. Would the directors disclose the total cost to the members of the flotation and the ancillary promotions, litigation etc that have been incurred in the last two years or proposed upon flotation?
4. Would the directors disclose the fees and other charges paid or that will be payable to UBS Phillips & Drew?

The point of these questions is that it is conceivable that if the funds that had been, or will be paid in the proposed flotation had been distributed to the members prior to the announcement of the scheme, the capital available might exceed the hypothetical profits on flotation.

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## Pedalling to maturity?

Some 150 years, an interval less than truly historic though far beyond the realms of human experience, is difficult to set in true perspective. It may help if we observe that the bicycle is just one year older than the Royal Pharmaceutical Society, and allow ourselves to imagine founder members among the first to take up this exciting invention and put horses to flight in the High Street. Since then, just as new pharmaceutical products have outdone all previously known *materia medica*, so the bicycle — also a mere novelty beside the antiquity of the wheel — has become the predominant vehicle for peoples of the entire world.

Sadly, bicycles and pharmacy, health-enhancing developments from the same era, are nowadays rarely associated except in that glaring confrontation of science and guile — the Tour de France dope test.

How splendid then is news of a real pharmaceutical triumph with a stage win and best amateur placing for Steve Farrell in the Milk Race (June 9, p1042). Congratulations on this fine achievement. May he pedal on unto the Society's bicentenary!

We entertain no hopes ourselves of witnessing that event, let alone of still riding bicycles, but we confidently predict that by then the present craze for other, inferior vehicles will have had its day and that the all-pedalling pharmacist will again be not such a rarity.

Michael and Elizabeth Woodman  
Exeter

## Pressure sores...

While I wish to congratulate David Morgan on his excellent article clarifying the ever-increasing number of wound dressings, (C&D May 5, p790) I would draw readers' attention to two erroneous facts concerning pressure sores.

Mr Morgan says that sheepskins and fleeces reduce pressure. Neither will do this, in fact it is thought that the only part they play in pressure area care is to absorb perspiration. A pressure relieving mattress will be required if the patient is found to be "at risk" using a scoring system, eg Waterlow or Norton.

Also, he says that semi-permeable films can prevent pressure sores. Indeed they may prevent a grade 1 sore progressing further, but alone they cannot prevent a sore forming, for only adequate turning/moving and an appropriate mattress can do this.

Ann Iles

Gloucester pressure area care project team

## Potentially serious..

Your case study in *Chemist & Druggist* (vol 233 no 5731) does not discuss the interaction between beta-blockers and nifedipine. Perhaps I can draw your attention to the current BNF, p455, which indicates that such administration may result in severe hypotension and occasional heart failure.

I would have thought that such a potentially serious interaction should have merited some sort of mention.

G. Mintz.  
Birmingham

## Qualified Persons in Europe

The first meeting to form an association to represent Qualified Persons was held on May 11. To progress this issue it was decided to form a number of committees charged with the responsibility to organise publicity, draft articles of association and generate membership.

As you will appreciate this will involve a great deal of time and effort and any publicity you can kindly give will certainly assist in the establishment of the association.

Any person who would be interested in serving on one of the working committees should write to me at Imperial Pharmaceutical Services Ltd, Imperial House, 29 North Way, Walworth Industrial Estate, Andover, Hants SP10 5HH.

P C Somerville

Technical services manager  
Imperial Pharmaceutical Services

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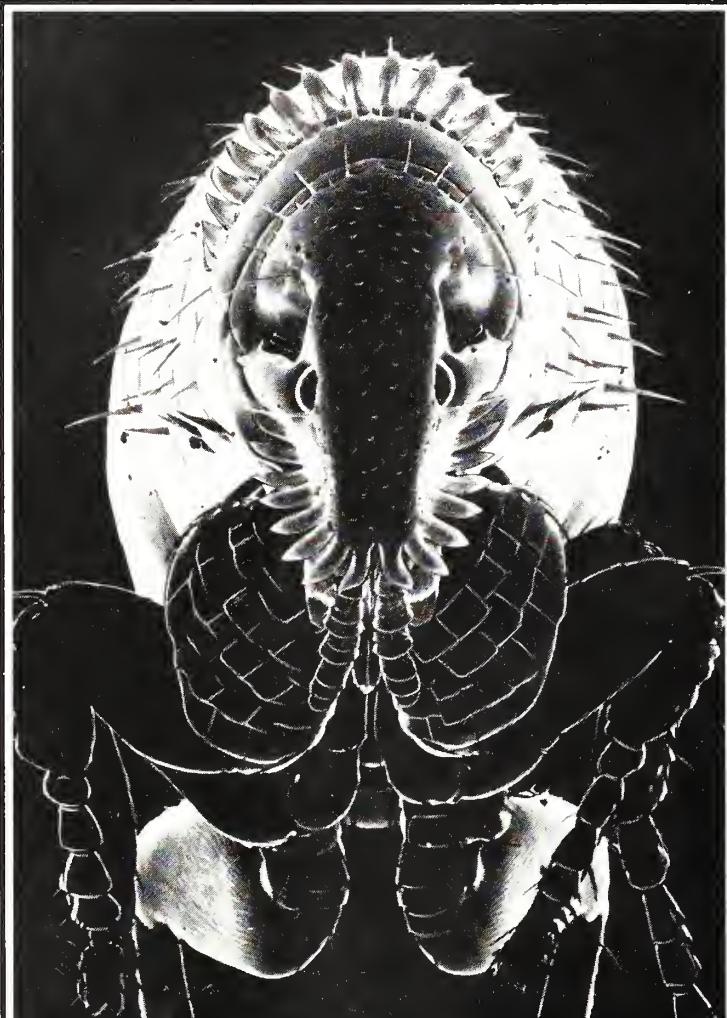
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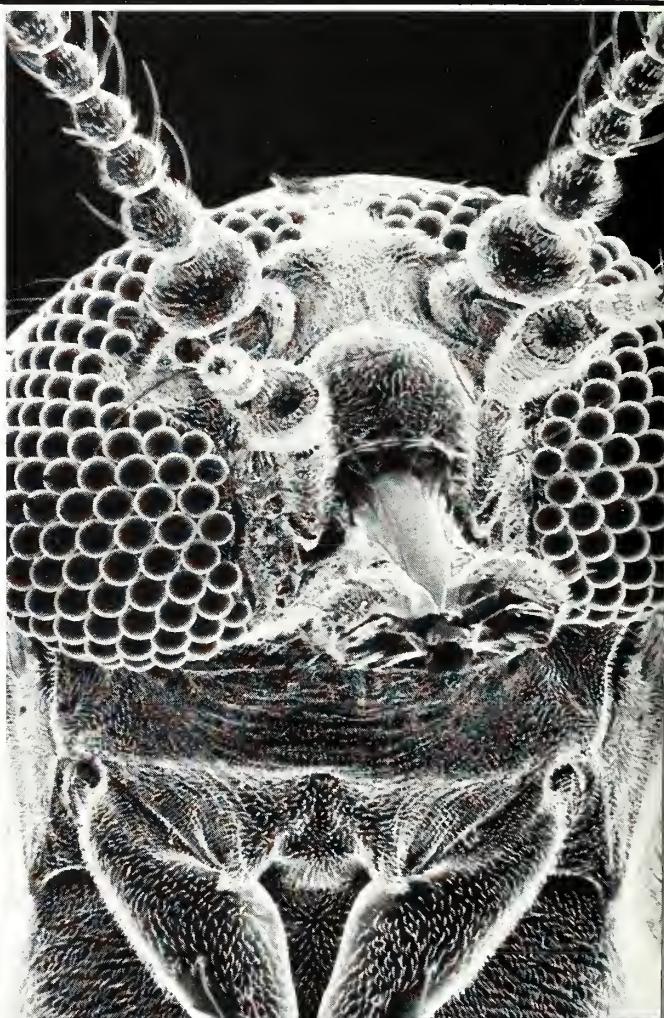
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# Insect repellents.



**"I've tried them all  
and Autan's the worst."**

Ctenocephalides Felis.



**"Autan?  
Wouldn't touch the stuff."**

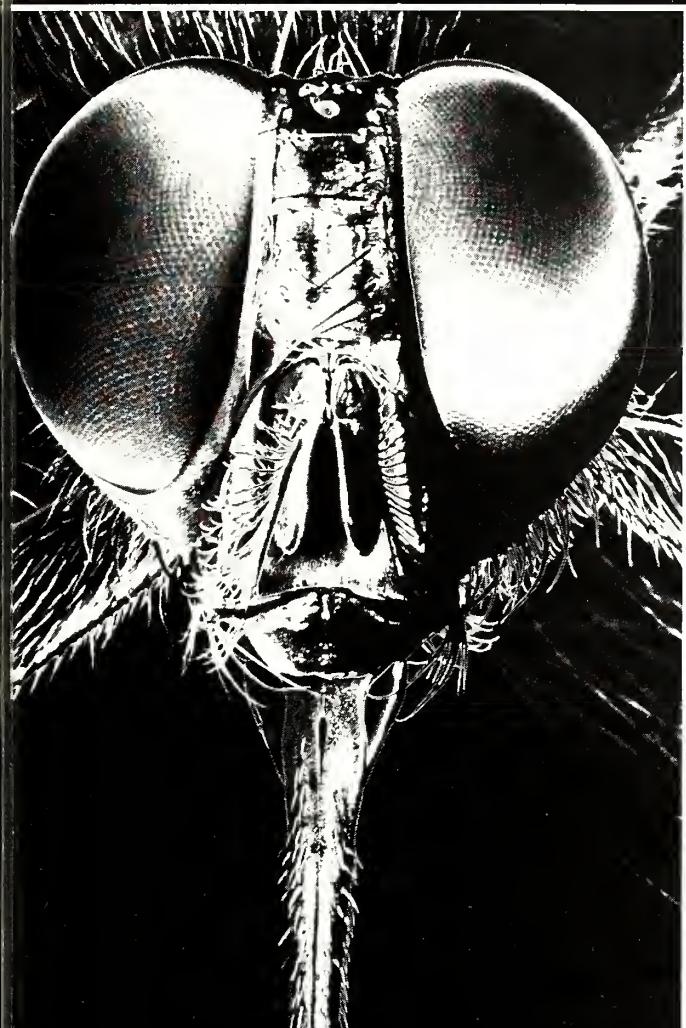
Ceratopogonidae.

There's nothing biting insects like less than Autan. Which probably explains why it's the best selling repellent both in Europe and the U.S. But what makes it work so well?

The secret's an enhancing agent called PEG 400. It's a substance no other insect repellent contains.

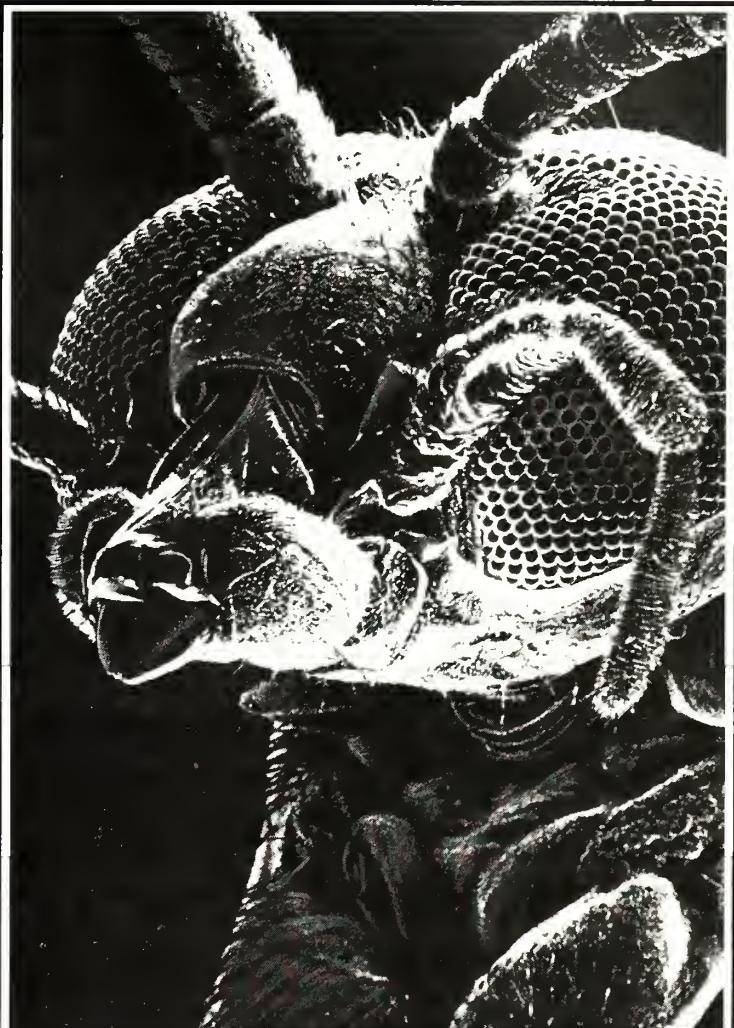
PEG 400 increases the efficiency of DEET, the ingredient recognized as the most effective at driving insects away. So a lower level of DEET provides total protection for up to eight hours.

# The consumer speaks.



**"I hate Autan.  
Hate it. Hate it. Hate it."**

Glossina Morsitans.



**"Ought to be  
a law against it."**

Simuliidae.

But try telling any biting insect that Autan's not as strong as other brands. Tell your customers, however, and you'll get a much better reaction, especially as you can safely recommend Autan as total protection for even the youngest skin.

Autan comes as a stick, gel, sachet, or ozone-friendly spray. So there's enough choice to keep everyone happy. Everyone except the consumers.

**Nothing's more repellent to biting insects.**



## Lost travellers' cheques

Two cases involving businessmen who have had a large amount of travellers' cheques stolen have come before the courts when in each case the bank involved refused to issue replacements.

Both cases were heard in the High Court with different results. In the first there was an express term in the contract that the businessman would properly safeguard the cheques against loss or theft.

He collected the cheques worth £50,000 in Jersey and put them in a plastic bag with 200 cigarettes, had a few drinks on the plane and when he arrived in London went drinking with friends. He fell asleep on the Tube going home with the bag on his knee and awoke to find it gone. The court ruled that the cheques had not been properly safeguarded.

In the second case there was no express condition that the businessman take care. He left his cheques in a bag between the front seats of his car, parked overnight in a private space. The court held that in the absence of an express condition the bank could refuse to pay only if there was gross negligence. In this case it was held there was no such negligence.

## Rebate on defaulted loan?

An interesting question has arisen about early repayment of a hire-purchase or credit sale agreement. When a trader repays his loan early he is entitled to a rebate. The Consumer Credit (Rebate on Early Settlement) Regulations 1983 provide how this is to be calculated. But what happens if the lender has to obtain judgment because of a default in the repayment instalments? Is he entitled to the full amount even though he may be getting his money back more quickly than if the agreement had run its true

length?

When such a case came before the Court of Appeal the order was that judgment should be entered for the full amount but it should be endorsed to the effect that the debtor could satisfy the judgment by paying the full amount due less any rebate for early settlement. If there was any dispute over the amount of discount the court would make a ruling. If the trader is allowed to pay off the judgment by instalments there can be no question of a rebate until the payment of the final instalment.

## Two into one does go

A problem may seem to occur when a trader has two accounts with a bank, one personal and one for his business. Often the business account will be overdrawn and the personal account in credit. The trader may suddenly find that, without his express agreement, the accounts have been combined by the bank

to reduce or eliminate the overdraft. Is this legal?

A decision in the High Court recently confirmed what was a well established practice and right of the bank to do just that. It is regarded as a means of establishing the overall indebtedness of the customer to the bank, or *vice versa*.

# POINTS OF LAW



**"One unpalatable piece of news for small businessmen is that from July 1, 15 per cent VAT will be payable on power and fuel bills..."**

## VAT payable on power from July

One unpalatable piece of news for small businessmen is that from July 1, 15 per cent VAT will be payable on power and fuel bills — electricity, gas, coal, and oil (C&D January 20). This results from an EEC Court ruling and will bring the UK into line with the European Community — a further step along the road towards 1992.

VAT will not be payable by domestic customers, nor by businesses whose average use of electricity is less than 33 units per day in a billing period. If a business uses part of its electricity for domestic purposes it will be necessary to sign a declaration and that domestic portion will be zero rated.

Businesses registered for VAT — and the threshold is now £25,400 — will be able to claim back the VAT as usual.

## Righting computer wrongs

The Office of the Data Protection Registrar can help individuals find out about information about them held on computers.

Public sector and private organisations which keep information on computer must, when requested, give individuals copies of the information held, and when it is appropriate, correct or erase wrong information.

The first step is to request a copy of the information held by the organisation thought to hold it. Use a recorded delivery letter, then there can be no suggestion the computer user has not had the letter. You may be charged up to £10 for the information and you may also have to fill in a form giving more details about yourself. Obviously if you have a fairly common name you may have to help identify yourself. You are entitled to receive a reply within 40 days.

The information must be clearly understandable and if there are codes then these must be explained. If you have not heard after 40 days or the information is wrong you should contact the Data Protection Registrar at Springfield House, Water Lane, Wilmslow, Cheshire SK9 5AX.

## Capital relief

Just what can a businessman claim against tax in respect of capital allowances? Generally capital allowances cannot be claimed for anything bought purely for home use. Nor can the cost of buying or improving land used for business be claimed although if alterations have to be made to a building to install a new machine then those costs can be treated as part of the cost of the machine.

No list is exhaustive, but items on which allowances can be claimed include cars, scaffolding, ladders, business furniture, vans and business computers.

Receipts and records of what has been bought, when, and the cost, have to be kept. Sometimes an item such as a car will be used partly for business and partly for social use. The tax inspector will need to know what proportion is used for business. When you come to dispose of the equipment similar records will be needed.

Claims for capital allowances should not be included as business expenses, and you can claim 25 per cent of the value of each purchase.

# Foundations for a new era

**West Sussex pharmaceuticals manufacturer Ciba-Geigy have officially opened their refurbished and modernised technical operations function after five years rebuilding**

Ciba-Geigy Pharmaceuticals, a UK subsidiary of the Swiss based chemicals giant, have completed a £20m investment at their Horsham site, updating production facilities and bringing them all under the same roof. At the same time Ciba Vision at Macclesfield have spent some £16m bringing the division's contact lens solution businesses together. For Ciba-Geigy Pharmaceuticals it all adds up to a major exercise in rationalisation of facilities and upgrading quality standards.

Rationalising production and pushing down costs is an essential activity, says Ciba-Geigy Pharmaceuticals' managing director Jim Stewart. Parallel imports are a growing problem fed by overproduction in Europe, and margins are under pressure both from Government policies to reduce NHS drugs bills and the spiralling costs of developing new medicines. On top of these difficulties there is the current competitive disadvantage European manufacturers suffer with the effective patent life operating in the EC.

It all adds up to a need for a competitive European manufacturer to have up-to-date production and laboratory facilities which meet the contemporary commercial and quality standards.

The official opening of its production, pharmaceutical development and quality assurance facilities completes a five year programme of modernisation and new construction at the company's Horsham site. Ciba-Geigy have occupied the site since before the second world war — the company has recently finished celebrating its 50 years at Horsham — and there have been several development and building programmes since then, the last serious phase of redevelopment occurring in the 1950s.

A change in plan occurred when it was decided that all the division's pharmaceutical production should be concentrated at Horsham; this not only involved finding room in the updated buildings for the manufacturing operations formerly carried out at Macclesfield, it also included bringing in-house the relatively small amount of production carried out for the company by third parties. However, the move did have the benefit for the company as a whole of allowing the consolidation of Ciba Vision, an aggregation of lens wear solution manufacturers acquired by the company over the years.

The pharmaceutical plant at Horsham is designed to develop, produce and distribute the majority of the company's UK range of prescription medicines to the domestic market, plus Ciba-Geigy's small but growing self medication business, Ciba Consumer Pharmaceuticals. Some 90 per cent of the



Managing director Jim Stewart sees the new facilities as essential to the company's future



Ciba-Geigy's upgraded and updated manufacturing facilities involved extensive rebuilding of their 1950s plant and a new laboratory building (right)

production is specialised in solid dose forms — tablets and gelatin capsules — and also nasal solutions, liquids and creams.

## Gravity feed

The new design of the plant aims for efficient use of space and flexibility of production. A powder and granule feeder has been constructed at first floor level to feed the dispensing, granulation and compression operations on the ground floor by gravity, while supplementary material is moved by vacuum transfer. This is integrated into a closed production system designed to avoid particle shed and cross contamination. This concept has also led to the use of bulk containers for transport and either cubicles or dedicated areas for processing operations.

The internal structures of the production plant have been designed to be smooth and easily cleaned, with the floors terrazzo tiled and substantial use of glass reinforced plastic panelling for both ceilings and walls. The advantage of this material is that it can be moulded to unique contours and can accommodate services within its structure, so avoiding surface projections — an important feature in areas which have to be kept to a high standard of cleanliness. However, despite the company's policy of promoting high standards of quality management at Ciba-Geigy Pharmaceuticals there is no commitment to the contemporary quality systems standard BS5750.

"BS5750 is used by Ciba-Geigy's industrial divisions," said director of technical operations Mike Benzie "but we see no clear marketing advantage for a pharmaceutical division. We think the manufacturer's licence and the standards it accords provide the right benchmark." Nevertheless, quality control has been a central part of the thinking behind the new development and the quality control laboratories have been sited next to the production areas. Incoming goods sampling and control has been designed to convey all goods by roller into these clean air environments.

And quality control is also very much a part of the whole production process. Some of the newer tablet pressing equipment automatically samples each batch, which can be an important consideration when producing

difficult formulations where the active ingredient may be a small proportion of the total product, or slow release. When the tablets are being coated however, the experience of the operator still plays an important part in quality control. The sub-coat is the critical one in many cases and a skilled operator can

monitor the process simply by touch and feel. On top of this, every operator is responsible for the initial quality control sampling, and if more than six tablets in a thousand are unacceptable a quality inspector takes charge to conduct further tests.

A specialist research laboratory is also part of the new facilities and provides resources for process development, clinical trials preparations and traditional clinical pharmacy. This is not a basic research facility; the work tends to be concentrated on developing line extension — dose form design or general product improvement.

Specialisation and biotechnology will be important factors in the future of Ciba-Geigy, says Mr Stewart. One of the biggest markets is heart disease, and a company that can continue to produce new products in this field is going to be a company which will continue to make money.

Biotechnology, which the company has been pursuing in collaboration with specialists such as the Chiron corporation, is a growing area for the company, and they already have an anti-coagulant, Hirudin, currently in clinical development. This has been produced by creating a yeast to generate the chemical, which has previously only been available from leeches. Ciba-Geigy are still cautious at this stage, and stress this development is still in its "very early days".

But after their recent celebration of fifty years based at Horsham the focus for the company is firmly on the future.

# Setting up shop:

## Legal aspects

In the third of his series on starting a pharmacy, Eric A. Jensen, BCom, MRPharmS, considers how to keep within the law

In tackling the legal complexities when you start to buy a pharmacy you should, I suggest, keep constantly in mind the following basics:

- 1** Some of the rules and Regulations are in a state of flux. It is vital to keep your knowledge up-to-date by perusing the pharmaceutical Press and by referring to the National Pharmaceutical Association and the Royal Pharmaceutical Society for clarification.
- 2** Remember that Scottish law differs from English law in several ways.
- 3** Read all documents, such as leases and other contracts, yourself. Too many proprietors are unaware of the minutiae of their leases until problems arise.
- 4** Do not forget that even the experts cannot be infallible; you must aim to look after yourself. Never sign anything "blind". You are the party who will finally be responsible.
- 5** Employ, if possible, accountants and solicitors with some knowledge of affairs and laws pharmaceutical.

The legal aspects under review may be divided into three categories: Laws, rules and regulations peculiar to pharmacy; general legal obligations applying to *all* businesses; general legal matters which have a particular relevance to pharmacy.

### Laws peculiar to pharmacy

When you are buying an existing pharmacy you must notify the local family practitioner committee preferably a full three months before the transfer. The shortest time required for approval is 28 days. If you wish to expand or change the services in the pharmacy you are buying you should do so *after* admission to the pharmaceutical list. If you have any queries, you are advised to contact the local LPC secretary or the Pharmaceutical Services Negotiating Committee at Aylesbury.

You must also notify the Society prior to takeover: the appropriate forms are obtainable from the headquarters in Lambeth.

When seeking to obtain an NHS contract for a new business you have to apply to the local FPC: remember that the Government proposes a new body to replace the Rural Dispensing Committee.

If any alterations to the extent of a pharmacy's premises have been made since the initial registration, the Society should be notified and plans submitted for approval. (See the Council Statement, *Pharmaceutical Journal*, January 13, 1990). I suggest that plans should be sent for approval or otherwise *before* work is carried out!

You should ensure that the layout of a new pharmacy or one you buy conforms to the code of Ethics and that any advertising is similarly acceptable to the Society. To obtain a certificate to handle industrial methylated spirits you should apply to Customs and Excise.



**"The wise would be proprietor aims to anticipate and avoid the possibility of legal proceedings. The golden rule is keep out of court!"**

### General legal obligations

Whether you take over a lease or a freehold for a new or existing pharmacy you must check closely for any restrictive covenants. Consider whether you will be free to expand into new fields of activity. Remember that even with a freehold you can still be restricted in the use of the premises.

If you wish to obtain a wine licence you should apply to the licensing justices. You are advised to engage a solicitor to deal with this.

A written statement of their terms of employment must be given to all employees where the terms of the 1978 Act apply.

Although the Business Names Registry has been abolished, there are still regulations to be observed, for example, you are required to display prominently on the premises the name or names of the owners. This information must also appear on business stationery. The name of the owner or owners must be given to any customer who asks for it.

It is essential that you contact the Inland Revenue and the VAT authorities so that you can complete the necessary documentation. If you intend to form a limited company or take one over you should see that the Registrar of Companies is informed. When forming a company it is advisable to ask your accountant to deal with the matter.

Make sure that, in good time, you inform the various services such as British Telecom, the gas and electricity suppliers etc, so that meters can be read and other arrangements made.

Attend to insurance in advance so that you are covered from the day you take over or open a pharmacy. Prudence dictates that you have cover for property, stock, etc, but there is also insurance you are legally bound to have, for instance, for third-party liability. Check with the NPA.

To avoid complications over redundancy payments, aim to get the present owner to deal with the question of any staff you might not wish to continue to employ. Remember that taking over a limited company is not a change in ownership. You cannot afford not to have legal advice on the matter.

### Other relevant points

Stock is normally valued for any business transfer on the basis of "good, clean, saleable" items only to be included. Pharmacy stock presents special problems. Valuers with specialist knowledge should therefore be employed so that close attention is paid to expiry dates, etc.

The condition of premises and their layout must satisfy not only the Society but also the relevant local authorities. Pharmacy signs outside the business, and possibly in windows, have to conform to local planning Regulations as well as to pharmacy ethical standards.

Besides the insurances already mentioned, professional liability insurance is advisable. The help of specialist insurers such as the NPA is essential.

Great care is needed to ensure that titles and descriptions comply with general rules and Regulations in addition to those peculiar to pharmacy. The name must not imply connection with the Government or a local authority: words such as "international" are not to be used unless justified, nor should words like "crown" or "royal". If so entitled a pharmacy could, of course, be described as "(by royal) appointment to....."

### Footnotes

When opening or buying a pharmacy you will put your name to various legally binding agreements — contracts, including leases, possibly partnership agreements, and so forth. A sensible clause to have embodied in contracts is one providing for arbitration in the event of a dispute. Arbitration is normally less costly, quicker and less embarrassing, than going to law. Consult your solicitor!

Draw on the advice of your Society inspector.

Finally, the wise would-be proprietor pharmacist aims to anticipate and avoid the possibility of legal proceedings. The golden rule is to keep out of court if you can!

**For reference:** "Law for the small business" by Patricia Clayton. Published by Kogan Page. ISBN 1-85091-643-8

# The challenge of formularies

**Concern that the development of general practice formularies and a downward pressure on drug expenditure may result in damage to the pharmaceutical industry, was expressed at a recent symposium of the Pharmaceutical Marketing Society**



Bernard Hardisty, pharmaceutical consultant

## 66pc of GPs soon to have formularies

Some 66 per cent of group practices will have formularies by the end of the year, predicted Mr Tony Norrington, managing director of A&M Publishing Ltd, publishers of *The Prescriber*.

His company's research shows that the majority of practices already have formularies or are currently working on their production: Some 3.4 per cent of respondents already had a formulary, 9.2 per cent were developing one, 28.2 per cent said they would develop one in the future and 34.1 per cent said they intended to develop a formulary. Only 25.1 per cent could not yet identify an interest.

Mr Norrington said that the new structure of the health service and in particular the reorganisation of Family Health Services Authorities was fundamental to the development of practice formularies. General managers were now employing information pharmacists who, with medical advisers, would become involved in audits of prescribing.

Mr Norrington predicted that in a year's time 75 per cent of practices would hold formularies. Only one or two doctors in a practice will be involved with their production so industry could create a new breed of sales force with an in-depth knowledge to talk to the "key players".

## Patent extension is 'crucial'

The EEC proposals to extend patent life to 16 years form a crucial part of the pharmaceutical industry's response to the introduction of practice formularies as a measure of reducing drug costs, Bernard Hardisty told the symposium.

The Government's response to the proposals was "less than enthusiastic" but if patent life is not extended, pharmaceutical production may polarise between new products and generics, with insufficient funds generated from the latter to support research for the former, predicted Mr Hardisty, managing director of Meditext Medical and Pharmaceutical Editorial Consultants.

Other consequences of formularies would be the loss of freedom of choice for GPs which would be damaging for the industry and ultimately for patients, who are the "least considered" in the debate.

Despite reassurances in the White Paper "Improving Prescribing" that there will be full availability of medicines, "the velvet glove scarcely conceals an iron fist" in that doctors who overspend will be brought to book and possibly suffer loss of

remuneration, he said.

Regional Health Authorities and Family Practitioner Committees which overspend will be held to account for prescribing policies — all pressures which may cause choice of medication, to shift subtly away from prescribers, said Mr Hardisty. There will also be a network of monitoring and advising authorities such as the Medical Resource Centre. Doctors will have a tremendous number of "back seat drivers" and may decide to hand the "steering wheel" over to them completely and accept a formulary from outside, compiled solely on the basis of cost reduction.

Pharmacists were in danger of being cast as the "abominable no man", he added. For too long hospital pharmacists in particular have been complaining about costs, said Mr Hardisty. He advised pharmacists to shift the emphasis from costs to helping to sort out prescribing problems and improving treatment.

Formularies and other NHS reforms will have drastic implications for companies, with increasing acquisitions, mergers and joint ventures.

## New approach needed by industry

The pharmaceutical industry should accept and encourage the development of good practice formularies, Richard Egglestone told the symposium.

"If you don't get it right this time a future government may extend the limited list," warned Mr Egglestone, an independent formulary pharmacist. Development of practice-based formularies demands a different role from the pharmaceutical industry, he said.

Mr Egglestone's method of formulary development is based on drug evaluations using

published data and he leaves it to GPs to decide which drugs should be included. Thus information is required in a simple, uncluttered format and should say what is different about a product.

At present "glossies" aimed at formulary producers are too detailed with too many photographs used, he said.

GPs will become more closely involved in evaluation of new products and will need to decide whether a new drug should be fully listed or made available only for limited indications, said Mr Egglestone.

## Seek community-based advice, GPs urged

General practitioners should seek the advice of community pharmacists rather than district pharmaceutical officers, when setting up practice formularies, Dr Barry Strickland-Hodge of Medical Information Training and Technology said at a Pharmaceutical Marketing Society symposium, held in London last week.

The recent White Paper "Improving prescribing" advises that DPhOs should have an advisory role but, said Dr Strickland-Hodge, both GPs and pharmacists "speak the same language and understand basic community problems".

Pharmacists have a knowledge of the costs of drugs, the Drug Tariff and generic products available, and know those drugs that give a substantial cost saving when prescribed generically, he said.

Practice formularies should not be seen as a threat, either to the pharmaceutical industry or the GP, he added. The threats perceived by GPs include restriction of clinical freedom, and of the range of products that can be prescribed, whereas to industry there was a threat to innovation.

Dr Strickland-Hodge suggested that prescribing analyses cost data (PACT) could be used to create local formularies, especially the level 3 data which is based on drugs prescribed in particular therapeutic categories. One limitation to PACT was that it placed too great an emphasis on costs, which is not the only aspect of rational prescribing: "PACT tends to put costs out of context", he said.

Rational prescribing does not just mean using generics or the cheapest drugs available, and while formularies are likely to "push down" on prescribing costs, it is hoped that low cost irrational prescribing is curbed, said Dr Strickland-Hodge.

# Eylure Nobel: the name to watch



Eylure Nobel's skincare brands

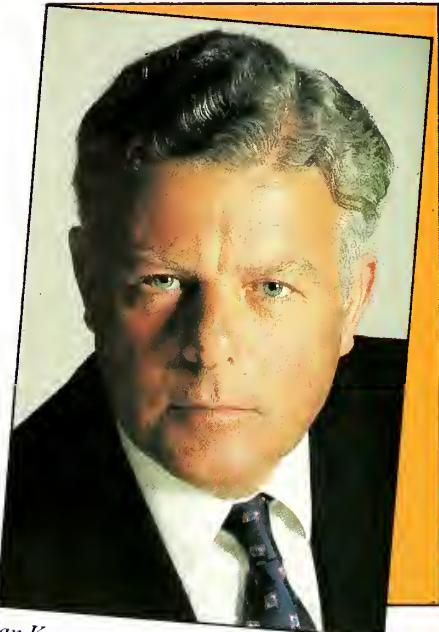
Something very exciting is happening at Eylure. On May 28, 1990; Ian Kerr, managing director, announced a new name — Eylure Nobel Ltd — heralding a new chapter in the company's history.

The date represents a major turning point for Eylure who have witnessed unprecedented growth and expansion since 1988 when Nobel Consumer Goods, a division of multi-national Nobel Industries, first acquired a minority share in the company. So successful was this initial merging of interest that Nobel decided to buy the remaining Eylure shares in October 1989.

With Nobel on board, Eylure decided to close the declining manufacturing side of their operation — mainly involved with production of false eyelashes and product packaging — and concentrate their efforts on sales, marketing and distribution.

To strengthen this area of expertise, Ian Kerr gave greater responsibility to marketing director John Savill and sales director Philip Masters. In addition, Ian Kerr appointed Iain Laxton-Blinkhorn, formerly of Smith & Nephew, as national account controller. The company then reorganised its sales force in January this year, with the aim of creating a more efficient, customer friendly operation which would offer a better service to the grocery area.

With personnel repositioned, Eylure started to look for alternative premises better equipped for the needs of a growing distribution company. A central location for countrywide communications was considered essential and the perfect site was found in Swindon, previously owned by another Nobel company, which fulfilled all the requirements of the new-look Eylure.



Ian Kerr, managing director, Eylure Nobel Ltd

Meanwhile, Eylure's portfolio of brands was expanding steadily. Denavit, a Nobel brand taken over by Eylure in January 1989, was already reaping the benefits of a major television campaign and a carefully targeted below-the-line programme. Nulon, purchased in February 1990, was seen as a key addition to Eylure's skincare portfolio, which features Bonne Bell Ten-O-Six.

## 'Heavyweight' toiletries purchased

In April 1990, Nobel Consumer Goods decided to buy a number of heavyweight toiletry brands from Gillette, including Silkience, Aapri and Adorn. Marketing and distribution for all three brands commenced almost immediately. With these household names now on board, Eylure's portfolio of products was looking more attractive than ever.

With so much excitement and activity at Eylure, it seemed appropriate to officially announce the acquisition of Eylure by Nobel. Eylure Nobel Ltd intend to be a major player in the toiletry market, dealing in leading brands and excellent niche products.

The seriousness of their challenge can best be demonstrated by Denavit, which has been steadily nurtured by Eylure Nobel



Denavit — an Eylure Nobel success



Newly acquired haircare brands

since January 1989. Sales for Denavit are up three-fold since the takeover, helped by substantial media support including television, Press and posters, plus a below-the-line campaign to health professionals. Success apart, television support continues for Denavit throughout 1990.

The Silkiience haircare brand, first launched in 1981, is one of the most exciting acquisitions for Eylure Nobel. The range is best known for pioneering the self-adjusting concept — cleansing and conditioning only, where the hair needs it. Since its launch, many imitators have followed, and the marketplace — which is currently static — is becoming increasingly competitive. Eylure Nobel intend to grow the Silkiience share by an unbeatable pricing policy, backed by substantial advertising and below-the-line activity. A new "creative" is planned for the brand which will go on air in September. Sell-in for promotional packs is already underway. Eylure Nobel are convinced that this activity, coupled with a substantial television campaign will generate, new interest in the brand and attract more buyers in the target 18-24 age group..

Similarly, Aapri will also be given the Eylure Nobel support treatment. The company is already moving quickly to give Aapri advertising support, with commercials being screened early in June and July.

Adorn, the third brand being purchased from Gillette has, according to AGB independent figures, the highest brand loyalty of any hairspray in the UK, with a staggering 66 per cent share. As Philip Masters says: "These well-known brands will re-inforce our already substantial portfolio and enhance our presence in the retail trade."

## Building on the Eylure heritage

It is not just the new brands which will benefit from the Nobel takeover. The existing portfolio on which Eylure built their heritage will continue to be nurtured. Of key

plans being announced in the near future.

Exciting plans are also being implemented for other Eylure Nobel skincare lines. Ideas are now on the drawing board for Nulon, the best known handcare brand which is being given a new look in 1991. Malibu suncare — which is currently experiencing a fantastic season — is in line for a relaunch next year.

Fine fragrances, traditionally an Eylure speciality, are being further strengthened by the introduction of Nobel's Sergio Tacchini, an Italian designer fragrance, currently exclusively on sale in selected chemists in London. Eylure Nobel plans to roll out the line nationwide early in 1991. Together with Azzaro, and more recently Pierre Cardin, whose distribution contract was acquired in 1988, the male designer fragrance portfolio makes extremely attractive reading. And that is not forgetting Tabac Original, still one of the most popular male fragrances in the UK, which is going from strength to strength under the Eylure Nobel banner.

Ian Kerr sees the Nobel purchase of Eylure as taking the company forward to a better and brighter future: "Our philosophy is simple, we regard our consumer franchise as being our most valuable asset. We take a long term view of our investment behind our brands. Now we have a tighter portfolio of brands and an expanded salesforce; we have an exciting story for the chemist trade which will forge even stronger links between us in the years ahead. With major household names on-board like Silkiience, Aapri and Nulon, we are better placed to meet the needs of the chemist trade."

"And the story doesn't end here. We plan to expand our mix of own brands and third party lines even further. Eylure Nobel is definitely worth watching in the 90s." *Eylure Nobel Ltd, Westmead, Swindon, Wilts. Tel no: 0793 513600; fax no: 0793 513577.*

importance to the chemist sector, the Eylure name is being strengthened and enhanced by repositioning it as a major force in eye care as well as nail care. The recently launched eye care range is a good example of the new Eylure Nobel approach, in tune with the 90s consumer who is looking for scientifically created, dermatologically tested skincare, which is not only free from impurities, but free from animal derivatives and made without testing on animals. Bonne Bell Ten-O-Six is also being given an image update, with new packing and promotional



Eylure Nobel's fragrance brands

# Northern Ireland pharmacists keen on expanding diagnostic role

**Diagnostic testing will increasingly become a feature of community practice, say T.A. Maguire BSc PhD MPSNI MCPP and J.C. McElnay BSc PhD MPSNI ACPP, Pharmacy Practice Research Group, The School of Pharmacy, Medical Biology Centre, The Queen's University of Belfast.**

In 1978 a Royal Pharmaceutical Society working party, established to look at the future of general practice pharmacy, concluded that health education, including diagnostic testing, should be a major role of the pharmacist<sup>1</sup>.

The Nuffield Inquiry into Pharmacy (1986)<sup>2</sup> supported this view suggesting that "there is a role for the pharmacist in health education in co-operation with other health care professionals". Pharmacists have voiced their opinion that there is more to health education than the display of posters and distribution of leaflets<sup>3</sup> and it has been shown that many have identified diagnostic testing services as a tangible focus for patient education<sup>3</sup>.

In the UK diagnostic testing of outpatients, in particular those tests involving quantitative analysis, has traditionally been carried out in National Health Service clinical laboratories on the request of GPs. However, in other countries such as Spain, where the system of health care is different, pharmacists have traditionally provided hospitals and family doctors with the complete range of diagnostic tests required in modern medicine.

In the UK community pharmacies have been providing antibody based pregnancy tests as a professional service for about twenty years. More recently blood pressure measurement, and to a lesser extent serum cholesterol estimation, has become available

community pharmacist's ability to effectively counsel clients in relation to the results obtained.

## Aims and objectives

The present survey was undertaken to:

- a. Establish the extent of diagnostic testing services already provided in community pharmacies in Northern Ireland.
- b. Quantify the interest pharmacists have in developing diagnostic services to the public as part of their extended role.
- c. Find out what concerns pharmacists have about initiating new tests in their pharmacies.
- d. Establish if the number of years in service or the number of pharmacists practising in a pharmacy influenced these previous factors.

## Methods

A questionnaire was designed and mailed to all community pharmacies on the Pharmaceutical Register in Northern Ireland. A stamped addressed envelope was enclosed for the return of the questionnaire for analysis together with a covering letter explaining the purpose of the survey.

The questionnaire was designed to establish the number of years in practice as well as the number of pharmacists working in the pharmacy either part time or full time; to obtain information on the availability of

professional tests performed in pharmacies, and OTC kits sold; and to obtain the opinions of the practising community pharmacist on the future development of these services.

A section was included to allow pharmacists to apply for further information on various tests. The questionnaire contained a minimum of questions since it was known from previous questionnaires that a high response rate can only be achieved using such an approach<sup>1,4</sup>.

## Results and discussion

The questionnaire achieved a 62.3 per cent response rate from the 518 pharmacies registered in Northern Ireland. The length of practice of the respondents is given in fig 1. The data indicates that the majority of pharmacists practised for 0-10 years (33 per cent) or greater than 30 years (34 per cent). Sixty-two per cent of the 0-10 years group are employee pharmacists compared to 13 per cent of the oldest age group (PSNI files).

The majority of pharmacies (73 per cent) replying to the questionnaire have one pharmacist, 24 per cent of pharmacies have two, 3 per cent of pharmacies have three pharmacists while only one responding pharmacy had four pharmacists (Fig 2).

Some 96 per cent of respondents indicated that they sold pregnancy test kits and 58 per cent sold ovulation prediction test kits. It is not surprising that the majority sell pregnancy test kits since pharmacies are the only outlet for these products and they are not available on prescription. If a client wishes to have a pregnancy test performed on the National Health it can be arranged through her GP but there may be a delay of some days before a result is obtained.

Only 8 per cent reported selling other tests all of which were blood or urine glucose tests with the exception of one pharmacists who

**Table 1. Percentage of pharmacies selling different test kits**

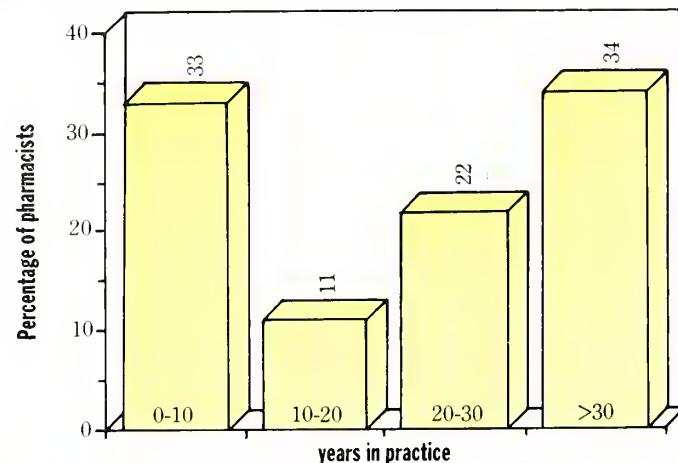
KITS AVAILABLE FOR OTC SALE	% OF PHARMACIES SELLING KITS
Pregnancy tests	96%
Ovulation prediction	58%
Glucose testing	8%

in some community pharmacies. The recent availability of "bench top" instruments capable of analysing serum or whole blood concentrations of health significant biochemicals and drugs, make it possible and practical for the community pharmacist to provide an increasing number of these tests.

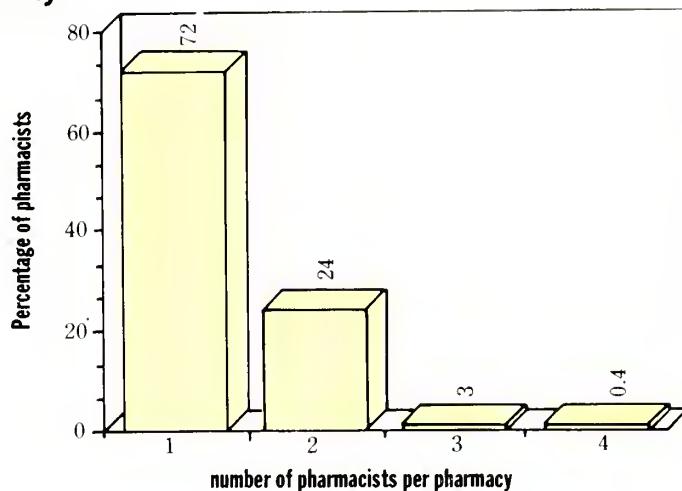
The medical profession, in the UK, has over the years expressed certain reservations about the quality of diagnostic services provided by community pharmacies. A Royal Commission Report<sup>5</sup> suggested that pharmacists should guard against providing a quasi-medical role, while in Australia the majority of GPs responding to a survey did not regard favourably the provision of pregnancy testing service from community pharmacies<sup>6</sup>.

More recently the British Medical Association<sup>7</sup>, a dietitian<sup>8</sup> and a pharmacist<sup>9</sup> have expressed reservations about pharmacist involvement in cholesterol testing. These reservations mainly concern the accuracy and precision of the results and the

**Figure 1. Categorisation of responding pharmacists by number of years spent in practice**



**Figure 2. Number of pharmacists per pharmacy.**



reported selling sphygmomanometers (Table 1). Since blood and urine glucose testing kits are usually supplied to diabetics in Northern Ireland directly from special clinics or from their GP on prescription, it is not surprising that the sale of these from pharmacies was minimal.

Half the respondents indicated that they provided a professional pregnancy testing service even though the percentage profit for sale of OTC kits is on average the same as the profit on professional tests. The second most frequently provided professional testing service was blood pressure monitoring (12 per cent). Very few pharmacies provided other professional testing services (Table 2).

Of those testing services which

instrumentation and the time requirement to provide the service (Table 4). The potential profit from the service and the space available to provide the testing facility were of less common concern, for example 35 per cent and 23 per cent of the respondents respectively expressing these as important influencing factors. The factors which were of least concern were training in the use of the instrument and training in patient counselling (Table 4).

Some 61 per cent of the respondents asked for more information on the tests available with the majority of these (75 per cent) only requesting information on blood pressure monitoring and blood cholesterol testing.

testing services. The reservations expressed by the younger pharmacists (mostly employees) are the same as those expressed by older pharmacists and are primarily business considerations, such as cost of the equipment and time to perform the test, as opposed to professional considerations training and counselling.

This suggests that pharmacists have relative confidence in their ability to handle analytical instruments and counsel patients effectively, points which reflect on their undergraduate training and professional experience.

Viewing the data with respect to the number of pharmacists working in a pharmacy; 52 per cent of two-man pharmacies perform some form of testing compared to 54 per cent of one-man pharmacies. The percentage, however, falls as the number of pharmacists increases.

This is probably because larger pharmacies, employing more than two pharmacists, are located in health centres where most diagnostic testing facilities are available and the numbers of prescriptions dispensed can be considerable. Employment of extra pharmacists is therefore no indication of the ability of that pharmacy to undertake additional services but may merely reflect prescription throughput.

A number of miscellaneous comments, unsolicited by the questionnaire, were expressed. The most frequent comment was from employee pharmacists who stated a willingness to undertake testing services but due to the policy of the pharmacy owner they were unable to do so. Other pharmacists suggested that they would be unwilling to take up testing service unless they had the support of the local GPs. A number of pharmacists had reservations about possible contamination from blood products and one respondent suggested that pharmacists should guard against becoming quasi-doctors.

## Conclusion

This survey has demonstrated a high degree of interest by community pharmacists in expanding diagnostic testing services provided from pharmacies in Northern Ireland. Tests such as cholesterol measurement and blood pressure monitoring are already being provided from some community pharmacies. With the availability of affordably priced "bench top" instruments and the current public demand for these tests, it is likely that they will increasingly become a feature of community practice.

The provision of such a service is certainly consistent with the pharmacist's role as a health educator. In the United States the use of these instruments has fallen into disrepute because tests are performed from non-

*Continued on p1122*

**Table 2. Professional testing at present performed in community pharmacies in N. Ireland**

PROFESSIONAL TESTS PERFORMED	% OF PHARMACIES PERFORMING TESTS
Blood pressure monitoring	12.4%
Pregnancy testing	50.9%
Ovulation prediction testing	1.9%
Blood glucose monitoring	1.9%
Blood cholesterol testing	1.8%
Urine analysis	1.0%

pharmacists were not already providing, most interest was expressed in the provision of blood pressure measurement (58 per cent) and cholesterol measurement (54 per cent) (Table 3). This is particularly pertinent in Northern Ireland which has the highest incidence of coronary heart disease (CHD) in the world<sup>11</sup>. Such tests could, in general, provide the pharmacist with a focus for individualised health education on the risk factors of CHD and, more specifically, identify those individuals at most risk from developing CHD and who will need referral to their GP for further assessment.

Fewer respondents expressed an interest in the other tests, for example 20 per cent, 20 per cent, 35 per cent and 31 per cent, respectively for pregnancy testing, ovulation prediction testing, glucose monitoring and urine analysis. It could be argued that since these tests have been available for a number of years pharmacists have already considered, but decided against, providing them.

The most frequently expressed reservations about initiating a new testing service were the capital cost of the necessary

Viewing the results by years in practice it was found that whereas 78 per cent of responding pharmacists in practice 0-10 years provided at least one professional test, this percentage fell with increasing years in practice, with 52 per cent in the 10-20 years group, 50 per cent in the 20-30 years group and 34 per cent in the over 30 years group (Figure 3).

Older pharmacists appear less motivated to provide, or consider providing, diagnostic

**Table 3. Test not presently performed by pharmacists but which they would consider initiating**

TEST WHICH PHARMACISTS WOULD CONSIDER	% OF PHARMACIES PERFORMING TESTS
Blood pressure monitoring	58.4%
Pregnancy testing	20.3%
Ovulation prediction testing	20.1%
Blood glucose monitoring	35.2%
Blood cholesterol testing	54.3%
Urine analysis	31.4%

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professional outlets. The quality of the service, in terms of accuracy and precision of results and follow-up of patients, has been found to be poor and the criticism has been so severe that one company (Abbotts Laboratories) have withdrawn their testing equipment from sale to non-medically qualified personnel.

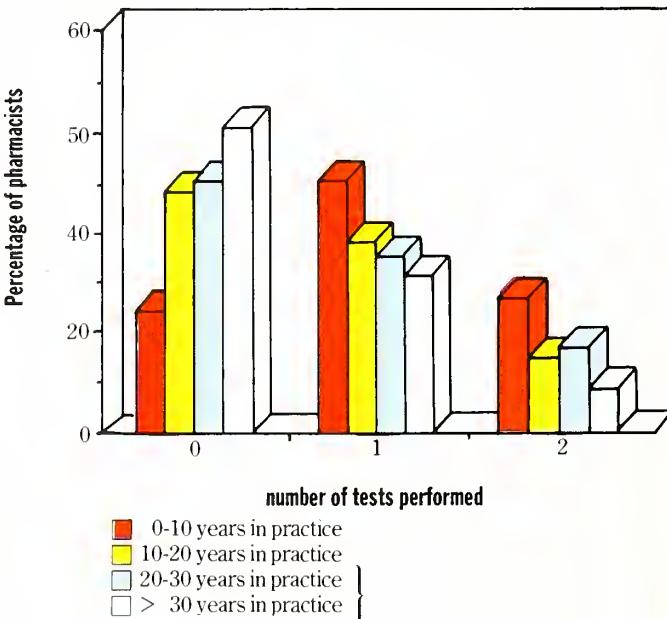
To ensure that such a scenario does not occur in the UK it would be prudent for the manufacturers to supply only doctors and pharmacists. The Pharmaceutical Society must ensure that testing services are carried out to the highest possible standard and that patients are counselled appropriately on the results obtained.

Pharmacists would appear to be ideally suited to the provision of testing services to the public. Undergraduate education and training coupled with suitable continuing education programmes will ensure that diagnostic testing in the pharmacy will complement similar efforts by other members of the primary health care team.

**Table 4. Factors considered important by pharmacists when considering the provision of a new testing service.**

FACTORS TO BE CONSIDERED	% OF PHARMACISTS
Capital costs of instrument	49.4%
Time required to provide the service	40.0%
Training in instrument use	13.6%
Training in patient counselling	13.9%
Space available	22.6%
Potential profit	34.5%

**Figure 3. The number of pharmacists working in the pharmacy and the number of tests performed.**



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# PMRs and homes take-up disappointing say PSNC

The number of pharmacists who have so far completed the residential homes and medication records training packages is disappointing, according to Pharmaceutical Services Negotiating Committee secretary Steve Axon.

Contractors in England had, by the beginning of February, requested 8,941 PMR packages and 7,882 residential homes packages. Of these 3,552 had completed the PMRs training pack, and 3,294 that on residential homes. "It is disappointing that there was not a greater take-up first time around," says Mr Axon. "The money budgeted by the Department of Health has not been used up."

PSNC is joining other representative bodies in adopting a tougher attitude towards the activities of dispensing doctors. Mr Axon said the committee is becoming increasingly concerned over "the nonsense put about on comparative costs".

The latest Prescription Pricing Authority figures indicate that once NIC is removed, prescriptions dispensed by pharmacists are 3p cheaper per script, says Mr Axon. Pharmacists also have to bear staff costs. "A GP gets 15 per cent net

## PGC agrees interim fee rise

Scottish contractors are to receive a 5 per cent increase in minor fees backdated to April 1. Such fees are usually set on a nationwide basis but in view of the lack of settlement in England and Wales an interim figure has been agreed.

The latest information from the Scottish Home & Health Department indicates that the allocation of £360,000 set aside during 1989-90 for patient medication records and services to residential homes has been used up, if not overspent. A bid £750,000 for these services has been made for 1990-91.

PGC secretary Colin Virden has taken legal advice on the drafting of a letter to be sent to the general manager of a health board where it was believed that payments to contractors are deliberately being delayed by a couple of days.

return on his dispensing activities," says Mr Axon.

Contractors planning to employ preregistration graduates should ensure their premises are registered for training, PSNC says.

PSNC is still looking for comments from contractors about the disposal of unwanted medicines, particularly the costs of disposal and the quantities involved.

# GPs told: Ask pharmacists about PACT data

A guide to GPs on how to use prescribing analyses and cost (PACT) data emphasises rational prescribing rather than cheap prescribing, and recommends seeking further help from pharmacists.

"Relative costs are one important factor to consider in prescribing rationally, but they have not been our main concern," say authors Conrad Harris, professor of general practice,

Leeds University, Philip Heywood, a Leeds GP, and David Clayden, lecturer in medical statistics, Leeds University.

The book, "The analysis of prescribing in general practice" (HMSO, £8), aims to offer ideas and techniques likely to help those practices which undertake prescribing audits and wish to use PACT data for research. A section on sources of help says that those seeking assistance on developing prescribing policies and formularies should contact their local drug information pharmacist. "Many community pharmacists are showing an interest in PACT and would be happy to join in practices' discussions", the authors add.

District drug information pharmacists have knowledge on which choices about drugs can be based "and whenever changes in prescribing are being planned it will be sensible to talk to local community pharmacists."

The PACT system will pay for itself in a year if, by improving their prescribing, doctors are able to reduce costs by 0.25 per cent, the book maintains. Copies are being issued free to all GP practices, FPCs, and district and regional health authorities.

## Government needs better health policies

The Government should provide more effective policy leadership if public health is to receive greater attention in the UK, according to a report by the King's Fund Institute which analyses current NHS reforms by comparing the UK health service to that in other countries.

The report believes the Government should consider an increase in tax funding to overcome a shortfall in spending. Britain's expenditure is only 6 per cent of the gross domestic product compared to 11.2 per cent in the United States, 9 per cent in Sweden and 8.2 per cent in West Germany.

Government plans for competition in the NHS must be handled carefully, or the service could become more fragmented

with specialist services less accessible. There is a clear risk that hospitals will respond to market incentives by concentrating on those services that attract resources at the expense of those that do not, it concludes.

The report believes that medical and nursing staff should take greater responsibility for the management of services within agreed budgets. The idea of GP budgets is worth testing, it says, provided that proposals are developed sensitively. There is no substitute for carefully monitored pilot projects.

"Health check-Health care reforms in an international context", is available from Bailey's Distribution, Folkestone, Kent for £10.95.



*The April Merrell Dow prize for the best student on the National Pharmaceutical Association's staff training course, was won by Joanne Reeves of Phillips Pharmacy, Sutton Coldfield. Joanne received her certificate and prize from Merrell Dow's David Hill (centre). John Mitchell, Mawdsley Brooks Wholesale Chemists (left) and pharmacist M.W. Phillips attended the ceremony*

## Height and pollen density

The amounts of pollen a hayfever sufferer faces can vary greatly depending on whether they are at street level or in a tower block, a new research paper reports.

Weekly pollen data collected from three samplers located at heights of 0.5m, 10m, and 55m found more plane tree pollen from 10m than at 55m, the opposite being true for grass.

The paper discusses this in relation to pollen source area, the weight of the pollen grain, airflow patterns in the urban area and the weather conditions affecting pollen dispersal.

"Sampling sites on tall buildings may have little relation to the types of pollen experienced by people at ground level. While sampling at lower levels will measure better the pollen exposure experienced by allergy sufferers, the results cannot be extrapolated for wide areas," the paper concludes.

The study was conducted by the Pollen Research Unit at the Polytechnic of North London.

# BUSINESS NEWS

## Condom sales boost LIG profits

The London International Group have achieved their eleventh consecutive year of increased turnover and profit despite a difficult trading environment, said chairman and chief executive Alan Woltz in the company's final results. Turnover has increased from £307.9m to £351.3m, a 14 per cent rise, while pre-tax profits have gone up over 20 per cent from £30.3m in April 1989 to £36.5m this year.

**Turnover up 14pc to £351.3m**

**Pre-tax profits up 20.5pc to £36.5m**

**Earnings per share up 18.6pc to 19.2p**

**Dividend up 15.2pc to 8.35p**

The health and personal products division, which includes the Durex range of condoms, registered a 25.6 per cent rise in operating profits, up from £25.7m to £32.3m; turnover for the division was up a more modest 16 per cent.

Worldwide consumer purchases of condoms continued to show a growth rate of around 5 per cent and the company won additional market share in Italy, France, Spain and the UK.

The company's photo-processing division achieved an increase in operating profits of £1.7m, up 14 per cent to £13.8m. Turnover for the division was up 22.7 per cent to £114.9m. The company claims that its Colourcare subsidiary is now the leading minilab operator in the UK with more than 200 in operation throughout the country.

Earnings per share for LIG increased from 16.19p to 19.20p and a dividend of 8.35p has been declared, 1.1p up on 1989.

**Finders International Ltd** are moving to new premises; the address from June 11 will be 4 Ambassador House, Wolesey Road, Wealdstone, Middlesex HA3 5RT. Tel: 081-861 6181 (fax: 081-861 6124).

## Medeva acquire Kerfoot for £13m

Medeva plc have announced an agreement "in principle" to purchase Manchester based generic manufacturer, Thomas Kerfoot & Co Ltd for £13m.

Evans Healthcare, the principal subsidiary of Medeva has a similarly sized generics business to Kerfoot and it is thought the deal could bring "substantial benefits" when the two complementary businesses combine. The deal would make Medeva one of the largest UK manufacturers of unbranded generic medicines.

Although final details of the purchase are still to be finalised, it is thought that an initial consideration of £13m will be paid largely on share exchange terms, with new Medeva shares being issued to existing Kerfoot shareholders. Then, if 1992 pre-tax profits of the combined Evans/Kerfoot company reach £3m, there are provisions for an additional deferred payment to be made on a pound for pound basis, to a maximum of £7m.

Medeva's chairman Bernard Taylor believes the acquisition of Kerfoot is a key step towards improving Medeva's profits. There will be considerable potential for cost savings and improved efficiencies arising directly from the rationalised operations, he said.

Charles Savage, managing director of Thomas Kerfoot, was unable to go into any detail about the "mutually beneficial" deal. It was too early to talk of the effect on product ranges, where there was some overlap, or whether any streamlining would affect jobs. Kerfoot, established in 1797, is one of the oldest pharmaceutical companies in the UK. Sales for the year ended March 31 were just under £20m.

Alan Smith of the British Generic Manufacturers Association, of which Evans are a member, welcomed the news. A degree of rationalisation is required within the generic

industry, he said, larger companies may be better equipped financially for the challenges of 1992.

Medeva was originally founded in 1987 as Medirace to develop Contracan, the AIDS and cancer treatment. In November 1989 they purchased Evans Healthcare for £87m, three years after Evans was the subject of a £27m management buyout from Glaxo. Continuing their strategy of strengthening Evans' market position, Medeva recently acquired Micralax micro-enemas and two other pharmaceutical products from Smithkline Beecham for £2.4m (C&D June 9, p1038).

## HSC revises first aid code

A revised Approved Code of Practice on first aid in the workplace, published by the Health and Safety Commission, emphasises the need for first aiders to be trained to deal with specific hazards of their workplace. There are also modifications to the list of items for first aid boxes and kits.

Under the revised code employers are also advised to make an assessment of the hazards in their workplace; the number of first aiders should then be based on this assessment.

The modifications to the list of items for first aid boxes have been made to reflect experience of actual use, and are relatively minor, mostly confined to additional skin cleaning products.

Health and Safety Executive research has shown that less than eight per cent of first aiders trained as occupational first aiders, and this has led to the introduction of specific hazard training. *First Aid at Work*, HMSO, £2.00.

## Tories seek Sunday formula

The Government is coming under renewed pressure to secure uniformity in the enforcement of the law on Sunday trading in England and Wales.

David Mellor, Home Office Minister of State, was criticised from both sides of the Commons last week when he contended that the unsatisfactory state of the existing law was due to Parliament having repeatedly "abdicated its responsibility".

Ivor Stanbrook (Conservative), who played a leading role in the revolt by Conservative back benchers which led to the Commons defeating the Shops Bill (which would have allowed traders to set their own Sunday opening hours) introduced by the Government in 1986, stressed the continuing determination of many people to keep Sunday special.

Mr Mellor reaffirmed that the Government was still searching for a compromise measure which fell short of total deregulation while being coherent and workable.

Stuart Randall, a Labour front bench spokesman, claimed that the Government's procrastination was being interpreted by many people as giving encouragement to "an organised campaign of law breaking".

Mr Mellor retorted that the Labour Party was in the pocket of the Shop Workers Union (USDAW) and said Labour MPs had always known what they were against but never known what they were in favour of.

**Glopec Holdings** have signed a new agreement to distribute the Island Rose range of natural toiletries produced by Hebridean Herbals Ltd. John Kingham has been promoted to general manager for Glopec UK. Ashley Whymant-Morris heads up the newly formed international division. Alan Hartley is now general manager of Innoxa Pty in Australia.



Thomas Kerfoot are playing host to two visitors from the People's Republic of China, providing them with 12 months experience in a modern European factory. Guo Dong Zhang (left) and Chong Wang (right) were welcomed by (from left) Leigh Kerfoot, chairman, Charles Ogden, personnel director and Charles Savage, managing director

## Gillette deny razor monopoly

Gillette have expressed surprise at the Monopolies and Mergers Commission intervention in their Swedish Match investment. A spokesman for the company said they had gone to great pains to structure their involvement to have no influence on Wilkinson Sword's business within the EC. Their interest has been to get control of Wilkinson Sword's non-EC business, which includes factories in Brazil and Zimbabwe.

Gillette have 21.9 per cent of the equity of Swedish Match following a leveraged management buyout which included Gillette. Swedish Match have bought the consumer products division of Stora Kopparbergs Bergslags AB, which own Wilkinson Sword.

Gillette argue that the buyout was a highly leveraged deal; the company paid \$65m for half the mezzanine debt, no more than 10 per cent of the total cost of \$650m.

The reference to the Monopolies and Mergers Commission arises from the financial arrangements between Gillette and Swedish Match. The director of the Office of Fair Trading, who formally made the referral, is "concerned that Gillette have a substantial interest in the success of Swedish Match that may affect the nature of competition between the two companies."

Gillette argue that their involvement in the leveraged buyout was to enable the company to buy the Wilkinson Sword razor businesses outside the EC.

There is some speculation that Monopolies Commission referrals this year reflect a change in Government policy. "There have been more referrals in the first six months of this year than in the whole of last year," said the Gillette spokesman.

Gillette say that they are confident they can convince the Monopolies and Mergers

Commission that their involvement in the deal is not anti-competitive and that it has no ability to influence the Wilkinson Sword business in the UK, and they are prepared to offer "appropriate undertakings" to the Commission in this respect.

The company has already been obliged by the US Justice Department to sell back Wilkinson Sword's US businesses.

## Shulton goes to P&G

US biotechnology and chemicals company American Cyanamid have agreed to sell most of the toiletries and fragrances production of its Shulton group subsidiary to Proctor & Gamble. The deal excludes the Pierre Cardin line of fragrances.

Under the agreement Proctor & Gamble will acquire the majority of Shulton's men toiletries worldwide. In this country Shulton (GB) Ltd market Old Spice, Insignia, Mandate, Blue Stratos and Rapport.

Cyanamid are also planning to sell Shulton's line of Breck hair care products and Lady's Choice personal care products, but a buyer has not yet been named. The company have also reported that they are in "advanced negotiations" for the sale of their household products business, the other major component of the Shulton Group. Again, as C&D goes to press, no prospective purchaser has been named.

The final cost to Proctor & Gamble is expected to be in the region of \$370m, though this will depend on the proceeds Cyanamid make from the sale of Breck and Lady's Choice.

The agreement is subject to review by the US Federal Government.

## OPL Russian venture wins formal approval

A new British-Soviet healthcare venture, Anglomed, received the formal go-ahead on June 9.

Prime Minister Margaret Thatcher and the chairman of the Ukraine Council of Ministers were present at the signing of the agreement between London-based Overseas Pharmacies Ltd and the industrial amalgamation, Pharmacia, of the Ukrainian Health Ministry. Anglomed aim to offer a complete supply and distribution service in the Ukraine for pharmaceutical, healthcare and related consumer products through the creation of offices, warehouses and, ultimately, retail pharmacies. OPL will also help improve pharmaceutical product ion techniques.

OPL have already established a joint venture with the Georgian Ministry of Health and opened a

British-style pharmacy, Unipharm, in Tbilisi last year, employing a British pharmacist as joint manager, and Soviet staff (C&D, October 21, 1989, p671).

The pharmacy had proved a "shop window to the West", with authorities from other regions flying in to see it in operation. The company aims to establish its wholesaling side before opening any more retail units. OPL have also signed a consignment stock agreement and protocol with the import arm of the USSR's State Supplies Commission.

A protocol of understanding was signed with Medbioeconomics, the research and statistical organisation of the Ministry of Medical Industry, to establish an information exchange linking USSR healthcare needs to Western product availability.

### COMING EVENTS

## Body and beauty show

MGB Exhibitions have launched the Body and Beauty Show for professionals in the fitness, beauty and leisure wear industries: it will take place at the Business Design Centre, London on February 5-7 next year.

Around 120 exhibitors are expected, split equally between the three sectors (30 per cent each) with the related nutrition sector supplying the rest. The organisers believe the synergy between the different, but related markets will produce an environment right for the "feeling good, looking good" philosophy. The contact at MGB Exhibitions is Mike Mason, on 081-302 8585.

**East Anglian Chemists Golfing Society** are holding their next meeting at the Thorpeness golf club on June 27. The day is being sponsored by Unichem, LRC and Cow & Gate: the tee is booked for 1.00pm.

Cost is £15 for members and £25 for guests. Details from Roger Metcalf on 0799 24473.

### Advance information

**Scan-Tech UK.** Exhibition on automatic data capture technology at Hall 6, National Exhibition Centre, Birmingham, June 26-28. Details from Stella Stegler on 0422 359161.

**Statisticians in the Pharmaceutical Industry.** One day symposium on statistical aspects of clinical trials in oncology, July 3 at the Royal Society of Medicine. Details from Elizabeth Richardson on 071-491 8650.

**United Kingdom Clinical Pharmacy Association** "Working for patients" residential workshops at York University. "Supporting the acutely ill" July 6-8, "Supporting the chronically ill" July 13-15. Fees for each meeting inclusive of accommodation, £110 (members), £130 (non-members). Information from Mrs P Kennedy, 0533 552020.

**The Society for Drug Research.** "Molecular approaches to the therapy of HIV infection", residential meeting at Robinson College, Cambridge from July 9-11. Fees — residential £220 (member), £250 (non-member); non-residential £180 member, £200 (non-member). Details from Mrs Barbara Cavilla. Tel: 071-581 8333.

# A shallow slowdown in prospect on the High Street

The British consumer may be down, but he's certainly not out. That is the message coming through from the High Streets, although more fundamental indicators, such as a slowdown in demand for credit and an easing in the labour market, suggest that the economy is slowly reacting to the Government's anti-inflation policy.

The latest CBI/FT survey of the distributive trades found that the annual growth in retailers' sales volumes picked up in April and the official figures confirmed a 1 per cent rise. Over the three-month period to the end of April, sales volumes were up 1.6 per cent over the equivalent period last year.

Detailed figures for March indicate that while total retail sales values improved by 6 per cent compared with March 1989, chemists' business was up by 9 per cent. Taking the whole of the first quarter, the value of sales by retail chemists rose by 8 per cent compared with the same time last year. In the first quarter of 1989 the year-on-year lift was 10 per cent.

But the growth in household incomes looks set to be contained by the labour shake-out which was

heralded by the first rise in the official data on unemployment for 44 months in April, and closely followed by announcements of large job cuts in several companies.

## Pay claims jump

Nonetheless, pay claims have jumped sharply. Economy-wide, settlements have risen from 7 per cent in early 1989 to 8.5 per cent in the first quarter of 1990. Stockbrokers UBS Phillips & Drew forecast that underlying earnings will peak at 10.25 per cent by late Summer and fall below 10 per cent by year end.

The latest official estimates show that production of pharmaceuticals by UK manufacturers, during the first quarter, was up by 1.7 per cent on the final quarter of last year. Output of perfumes and toiletries rose by 4.5 per cent between the same two periods.

Detailed statistics on pharmaceutical products reveal that sales by British manufacturers totalled £1,390m in the final quarter of last year — a rise of 12.7 per cent on the quarter, to a level 10.5 per cent up on the same period in 1988.

However, during that time prices rose by some 3.5 per cent, suggesting a real increase of around 7 per cent on the yearly rate.

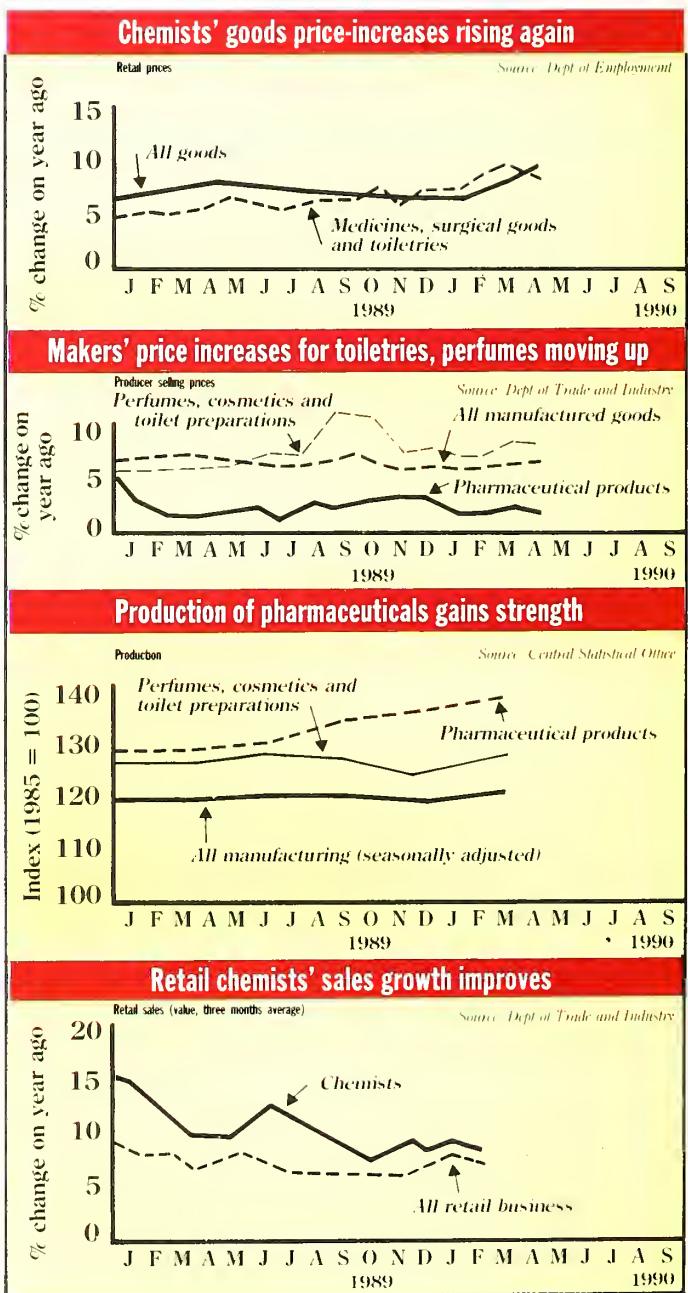
Meanwhile the value of pharmaceutical exports gained 14.5 per cent on the quarter and 25.9 per cent on the year; imports strengthened by 6.8 per cent on the quarter to a level 24.2 per cent above that of the first quarter of 1988.

A seven-year high in the rate of manufacturers' price increases in April reflects the underlying acceleration in inflationary pressures. In spite of a dip in input

costs, wholesale prices reached a new year-on-year peak of 6.1 per cent. For pharmaceutical manufacturers, raw materials and fuel are now costing 3.1 per cent more than a year ago, while perfume, cosmetics and toiletry makers are seeing input costs rising at a 3.5 per cent annual rate. However, while wholesale prices of pharmaceuticals are only 2.6 per cent up on a year ago, male toiletries are up by 14.1 per cent and other toiletries cost 8.1 per cent more than in April last year.

At the retail level, shoppers are now paying 8.8 per cent more for chemists' goods than a year ago, an increase slightly below the overall level of inflation. The longer than expected time that inflation is taking to control is, unfortunately, the price to be paid for the shallow slowdown in the economy rather than the short, sharp shock which many commentators had predicted.

	Period	Latest	Previous	% change on year
<b>Prices and Costs</b>				
Retail prices (Jan 1987 = 100):				
all items	Apr	125.1	121.4	9.4
chemists goods	Apr	124.1	122.8	8.8
<b>Producer prices (1985 = 100):</b>				
manufacturing industry, excl food	Apr	126.0	125.2	6.0
chemical industry	Apr	120.2	119.7	3.5
pharmaceutical products	Apr	120.1	120.2	2.6
toilet preparations for men	Apr	154.1	153.3	14.1
other toilet preparations	Apr	127.6	127.1	8.1
surgical dressings	Apr	138.3	138.2	7.6
photographic materials and chemicals	Apr	129.7	128.6	9.5
Average earnings* (Jan 1988 = 100):				
distribution and repairs	Feb	112.5	111.7	7.1
<b>Pharmaceuticals output &amp; overseas trade</b>				
UK manufacturers' sales* (£m):	Qtr 4	1390	1233	11
Total home sales* (£m):	Qtr 4	1101	1000	7
UK manufacturers' exports* (£m):	Qtr 4	602	526	26
UK imports* (£m):	Qtr 4	313	293	24



Sources: Central Statistical Office, Department of Employment.  
All figures seasonally adjusted except where marked\*

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# ABOUT PEOPLE

## Boost for pharmacy in Hitchin

Community pharmacy was promoted at the Hitchin Health Fair last Saturday, which was the culmination of the area's Health Week.

Hertfordshire LPC had a stand and informed the public about the range of services pharmacy provides. At the end of the day some 500 people had visited the stand. They were given advice on careers in pharmacy, a PSNC video was shown throughout the day, and there was a large uptake of leaflets, especially those on blood pressure and cholesterol testing.

Both these services were also on offer; the uptake for blood pressure testing was particularly marked possibly because the facilities for cholesterol testing consultations were not suitable, say the organisers.

There was a display of antique artefacts including machines for making pills and cachets, and



Left to right: Janice Jones, pharmacist manager, Kingswood Chemist, Baldock, Jill Hughes, her area manager, and Brian Simpkins, Herts LPC chairman, at the LPC's stand, Hitchin Health Fair

dental instruments from the days when pharmacists extracted teeth. There was also a competition for adults to guess the number of tablets in a container,

and the NPA children's crossword was also featured, all of which received coverage from local radio, Press, and the business community.

## Scottish executive elected

Dr J.E. Bunney, assistant chief administrative pharmaceutical officer, Greater Glasgow Health Board, is new chairman of the Royal Pharmaceutical Society's Scottish Department Executive. Mrs P.A. Duncan, a Dundee,

community pharmacist, is vice-chairman.

At the annual meeting, Mr G. Allan, Mr D. Bolton, Mr K. Gray, Mrs B. Montgomery, Mrs E. Roddick and Mr R. Shiels were elected to the Executive.

## Golf award

Nigel Gee, principal pharmacist at Burnley General Hospital, has won the Hough Hoseason's 1990 golf trophy.

The competition, which has been running for 42 years, was at Woods Moor Hall Golf Club. Competitors are members and friends of the Manchester & District Pharmaceutical Golfing Society, but the winner must be a pharmacist.

The trophy is an antique pestle and mortar (believed to be early 18th century) which has been silver plated and engraved. It was presented to Mr Gee, who is soon to be the proprietor of Village Pharmacy at Barrowford in Nelson, Lancs, by chairman and managing director Colin Harris.

## APPOINTMENTS

BDC have appointed Nigel Pemberton and Ron Taylor as senior executive managers. Mr Pemberton is head of BDC Trade Centres division which services the specialist contractor and industrial market place. Mr Taylor is head of the commercial and specialist lighting division. BDC Trade Centres' Park Royal Branch have appointed Chris Charnock as sales executive for the West of London and Middlesex.

Dr Peter Wilson has been appointed regional pharmacy development manager for the North West Thames regional health authority. He will be involved with the development of pharmaceutical services in response to the Government's White Paper, "Working for patients". Dr Wilson was formerly the region's principal pharmacist for education, training, research and development.

Giorgio Beverly Hills Inc (London) have appointed Blake Long as finance and operations director. Mr Long, who has over 20 years experience in the cosmetics/fragrance industry, was previously with Elizabeth Arden Ltd.

Agfa Gevaert have appointed Simon Smart as marketing assistant with Agfa Retail Sales. Mr Smart has spent seven years in the accounting department of Agfa and will specialise in retail statistics and information.

## Cycle update

Amateur cyclist and pharmacist, Steve Farrell, is currently riding high in the Isle of Man.

According to a report in *The Times* on Monday, Steve was leading the national squad in the Manx International over 113 miles in three laps of the TT circuit.

Steve was in the news recently when he became the only British amateur stage winner in this year's Milk Race (C&D June 9, p1042).



Participants at the Kerfoot Pharmaceutical Golf Day at Strensall Golf Club, York, fell victims to the English Summer, suffering a three-hour downpour during the afternoon's individual Stableford competition. Pictured at the evening's prize giving are (from left) David Bowser, Kerfoot's marketing director, Doug Allaway, winner of best guest prize, Ron Baskind, the tournament winner, Michael Bligh, the runner-up and Allan Hadden, Kerfoot's regional manager and event organiser

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